

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

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LLC REGISTERED AGENT CHANGE
S W A & D OF COLLIER COUNTY LLC

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TALLAHASSEE, FLORIDA

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SEP 03 2013

EXAMINER

From: 552@porterwright.com

239 569 2990

08/30/2013 11:17

#439 P.001/004

porterwright

Porter Wright Morris & Arthur LLP
9132 Strada Place, Third Floor
Naples, Florida 34108-2683
Main Telephone #: 800-876-7862
Main Facsimile #: 239-593-2990

Facsimile Cover Sheet

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TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 4

PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:
1. Division of Corporations	Florida Dept of State	850-617-6383

RE: **S W A & D of Collier County LLC**

Fax Audit #: **H130001936993**

Attached for filing, please find:

1. Registered Agent Change for the above-referenced limited liability company.

Thank you.

From: Ted R. Walters, Esq. Telephone: (239) 593-2900

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ☐ ORDINARY MAIL ☐ OVERNIGHT DELIVERY SERVICE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S W A & D of Collier County LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theodore R. Walters

Name of Person

Porter Wright Morris & Arthur LLP

Firm/Company

9132 Strada Place - 3rd Floor

Address

Naples, FL 34108-2683

City/State and Zip Code

twalters@porterwright.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theodore R. Walters at (239) 593.2900

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRET
TALLAHASSEE FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SWA & D of Collier County LLC

2. (a) Principal office address of limited liability company: c/o Epic Food Concepts LLC
(Note: **MUST BE STREET ADDRESS**)
10681 Airport-Pulling Road North, Suite 24
Naples, FL 34109-7332

(b) Mailing address of limited liability company: c/o Epic Food Concepts LLC
(Note: **MAY BE POST OFFICE BOX**)
10681 Airport-Pulling Road North, Suite 24
Naples, FL 34109-7332

January 18, 2011

L11000007233

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CLASP, INC.

Registered Office Address:

3001 Tamiami Trail North
Suite 400
Naples, FL 34103

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Theodore R. Walters

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Porter Wright Morris & Arthur LLP
9132 Strada Place - 3rd Floor
Naples, FL 34108-2683

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Theodore R. Walters

Signature of a member or authorized representative of a member

Theodore R. Walters

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Theodore R. Walters

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00