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C. LEWIS

MAR 2 7 2012

EXAMINER

## **COVER LETTER**

SUBJECT: Swampwater Fourth Street Holdings, 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:    Ian R. Leavengood	TO: Registration Se Division of Cor		-	. 1986	₹4.:	e* 144
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:    Ian R. Leavengood	SUBJECT:	***				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Ian R. Leavengood		Name of L	imited Lial	oility Company		
Ian R. Leavengood   Name of Person	Dear Sir or Madam:					
Ian R. Leavengood   Name of Person	The enclosed Registere	d Agent/Registered O	ffice Chan	ge and fee(s) ar	e submitted for f	iling.
Swampwater Fourth Street Holdings, LLC Firm/Company  1953 Hawaii Avenue NE Address  Saint Petersburg, FL 33703 City/State and Zip Code  ian leavengood@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  lan R. Leavengood Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301	Please return all corres	condence concerning t	this matter	to the following	g:	
Swampwater Fourth Street Holdings, LLC Firm/Company  1953 Hawaii Avenue NE Address  Saint Petersburg, FL 33703 City/State and Zip Code  ian leavengood@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ian R. Leavengood Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			<del>,,,=-,,,,,,,</del>			
Firm/Company  1953 Hawaii Avenue NE Address  Saint Petersburg, FL 33703 City/State and Zip Code  ian leavengood@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ian R. Leavengood at (727 ) 692-2774  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301	ľ	lame of Person				
Saint Petersburg, FL 33703 City/State and Zip Code  ian leavengood@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  lan R. Leavengood at (727) 692-2774  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301			ıs, LLC			
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Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	For further information	concerning this matte	r, please ca	ıll:		
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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Name of Po	rson		Area Code & Day	ytime Telephone Num	ber
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## 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:	Swampwater Fourth Street Holdings, LLC		
2.	a) Principal office address of limited liability company:			
	(Note: MUST BE STREET ADDRESS) 1953 Hawaii Avenue NE			
		Saint Petersburg, FL 33703		
	(b) Mailing address of limited liability co	mpany:		
	(Note: MAY BE POST OFFICE BO			
		Sami Feleisbuid, i E 334-93		
	07/25/2011	L11000084881 2 T		
3.	Date of filing/registration in Florida	4. Document number		
5.				
	Registered Agent:	Leavengood & Nash		
	Registered Office Address:	2958 First Avenue North		
		Saint Petersburg, FL 33713		
	(I) Pater Chieff D. Cate I A.	A STATE OF THE STA		
	(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> :			
	NEW Registered Agent:	Leavengood & Nash		
	NEW Registered Office Address:	Northeast Professional Center		
	(MUST BE FLORIDA STREET AD)	DRESS) 3900 First Street North, Suite #100 Saint Petersburg ,FL 33703		
Ιf	the limited liability company is not organiz	ed under the laws of the State of Florida, it is hereby		

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.

Signature of a member or authorized representative of a member

Ian R. Leavengood

Printed or typed name of signee

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.

Signature of Registered Agent