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SECRETARY OF STATIONS OF CORPORATIONS

COVER LETTER

TO:

INHS18 (5/08)

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SUBJI	ECT:	CONSTA	NTIA SWF LI	LC	
]	Name of Limited	l Liability Compa	any	- Q.
Dear S	ir or Madam:				12 HAR 20
The en	closed Registered Agent/Re	gistered Office (Change and fee(s)) are submitted for fili	ng. 🥱
Please	return all correspondence co	oncerning this m	atter to the follow	ving:	3
	Mikael Gron				
	Name of Person				
	Constantia SW Firm/Company	'F LLC	····		
	5945 Sand Wedge L	_ane #1008			
	Naples/Florida City/State and Zip C				
	mgrondahl@gm mail address: (to be used for future ar	nail.com			
For tu	rther information concerning	g this matter, ple	ase call:		
	Celia Curtis	* at (_		4040004	
	Name of Person	,	Area Code &	Daytime Telephone Numbe	г
	STREET/COURIER ADDI	RESS:	MAILING A		
	Registration Section		Registration S		
	Division of Corporations Clifton Building		Division of Co P.O. Box 6323	•	
	2661 Executive Center Circle Tallahassee, Florida 32301	;	Tallahassee, F		
	Enclosed is a check for th	e following am	ount:	. •	
	\$25 Filing Fee		\$55 Filing F	Fee & Certified Copy	

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: _____ CONSTANTIA SWF L 5945 Sand Wed 2. (a) Principal office address of limited liability company: Naples Florida 34110, #100 (Note: MUST BE STREET ADDRESS) Mikael Grondahl (b) Mailing address of limited liability company: 5945 Sand Wedge Lane #1008 (Note: MAY BE POST OFFICE BOX) Naples, Florida 34110 L1100010591 September 15 - 2011 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: John P. White 1575 Pine Ridge Road, Suite 10 Registered Office Address: Naples, Florida 34109 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Mikael Grondahl **NEW** Registered Office Address: 5945 Sand Wedge Lane #1008 (MUST BE FLORIDA STREET ADDRESS) FL 34110 Naples 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 MIKAEL GRÖNDAHL 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 statules 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.

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

Signature of Registered Agent