

**L11000116145**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000118932 3)))



H150001189323ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**\*RE-SUBMIT\***

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

Please retain original filing  
date of submission **5/14**

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SOUTHWEST HOUSING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	0305
Estimated Charge	\$25.00

RECEIVED

15 MAY 15 PM 1:32

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:58

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**205/18**



May 15, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SOUTHWEST HOUSING, LLC  
\*\*FAX FILING\*\*CT CORPORATION SYSTEM\*\*  
ALTAMONTE SPRINGS, FL 32714

**\*RE-SUBMIT\***

SUBJECT: SOUTHWEST HOUSING, LLC  
REF: L11000116145

Please retain original filing  
date of submission 5/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: H15000117580  
Letter Number: 215A00010231

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHWEST HOUSING, 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:

Connie Bryan

Name of Person

CT Corporation System

Firm/Company

515 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip Code

modell@picornet.com

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

For further information concerning this matter, please call:

Name of Person

at ( )

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

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: SOUTHWEST HOUSING, LLC
2. (a) 247 NORTH WESTMONTE DRIVE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
ALTAMONTE SPRINGS, FL 32714
- (b) 247 NORTH WESTMONTE DRIVE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
ALTAMONTE SPRINGS, FL 32714
3. 10/11/2011  
Date of filing/registration in Florida
4. L11000116145  
Document number
5. (a) WILLIAM COSTOLO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2221 BLUFF OAK STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
APOPKA, FL 32712
- (b) CT Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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]  
Signature of a member or authorized representative of a member

[Signature]  
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 605, 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.

By: [Signature]  
Signature of Registered Agent

**Madonna Cuddihy**  
Special Assistant Secretary

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

INHS18 (2/14)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 14 PM 3:58