21200-101714

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
<u>-</u>							

Office Use Only



000313735090

85/29/18--8506--026--**25.85



COVER LETTER

Division of Corporations					
SUBJECT: Sandpiper Properties Name of Limited Liability	SWF, UC				
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 follow	ring:				
RAL L MILO Name of Person					
Sandpiper Properties SWF,	LLC				
1435 É VENICE AVE #10	4-226				
Venice FC 34292 City/State and Zip Code					
E-mail address: (to be used for future annual report notification	n)				
For further information concerning this matter, please call:					
Rest L Miller at (215) Name of Person Area	872-1210 a Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILIN Registration Section Registrat Division of Corporations Division Clifton Building P.O. Box	IG ADDRESS: ion Section of Corporations				
Enclosed is a check for the following amount:					
\$25 Filing Fee	ng 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.	Na	ame of the limited liability company:	rupe (th	<u>es Su</u>)F, U	<u> </u>
2.	(a)				revice	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ailing address of (<u>Note: MAY B</u>		
		# 104-226	# (04-20	24	
		Venice, FL 34292	V€	POICE,	FL	34292
		8/7/2012		<u> 2001</u>		14
3.		Date of filing/registration in Florida 4.	Ľ	Document nu	mber	
5.	(a)					
		Registered Agent and Registered Office shown on the records of the Florida D	ept. of State:			
		344 Olen Oak Ro				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					茅尔 葡	
		Venice FL 34	<u> 293</u>			
		DAL Mile			美	TI CEO
	(b)	KIAL UNITER			29	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office addr</u>	<u>ess</u> :		· }	B
		1435 EVENCE AVE NEW Registered Office Address:			, =	
				A	90)
		#104-226		2	១	
		Venice FL 34	292			
I£ 4	ho 1:		tate of Ele-	ida itiahasa	hu confirma	ud that after
the	cha	limited liability company is not organized under the laws of the S ange or changes are made, the Florida street address of the registe	red office a	and the busin	ess office of	f the registered
age	nt w s/we	will be identical. Or, in the case of a Florida limited liability comere <u>authorized</u> by an affirmative vote of the members of the limit	ipany, it is l ed liability	hereby confir company or a	rmed that the as otherwise	e change(s) • provided in
the	arti	icles of organization or the operating agreement of the limited lia	bility comp	any.	/	, p
	$\underline{\mathcal{Y}}$	eath & Miller	KAL	1 L W	ulle(
. s		ture of a member or authorized representative of a member		Printed or typed	**	
l h pro the to n	erel visi obli nere ifica	by accept the appointment as registered agent and agree to act in ions of all statutes relative to the proper and complete performan ligations of my position as registered agent as provided for in Ch ely reflect a change in the registered office address, I hereby con danywriting of this change	i this capac ce of my di apter 605, firm that th	city. I further dies, and I a F.S. Or, if the limited lial	r agree to co m familiar u iis document bility compa	omply with the with and accept is being filed ny has been
	4	ire of Registered Agent				