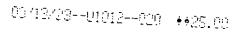
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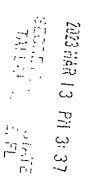
(Requ	uestor's Name)			
(Äddr	ess)			
nbbA)	ess)	······································		
(City/	State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



800403564978





COVER LETTER

TO: Registration Section Division of Corporations			
SWG Properties, LLC SUBJECT:			
	Name of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ered Office Change a	and fee(s) are submitted for fil	ing.
Please return all correspondence conce	rning this matter to t	the following:	
John W. Lentz			
Name of Perso)ii		
SWG Properties			
Firm/Compan	y		, 6
401 E. Virginia St			
Address			
Tallahassee, FL 32301			
City/State and Zip	Code		1116
johnlentz.swa@comcast.net	:		F 25
E-mail address: (to be used for fu	iture annual report no	otification)	
For further information concerning this	s matter, please call;		
Maria Lentz	850 at (251-4598	
Name of Person		Area Code & Daytime T	felephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314		Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et. Suite 810
Enclosed is a check for the fo	ollowing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified C	Сору

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.

	me of the limited liability company: SWG Properti 401 E. Virginia St., Tallahassee, FL 32301	(b)	Same	as Principal ado	lress		
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Date of filing/registration in Florida	4.	D	ocument num	ber		
)	3-2-2023						
,	Registered Agent and Registered Office shown on the record	s of the Florida Dep	t. of State:				
	Eric Haug						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)					
	401 E. Virginia St						
	Tallahassee	. FL 32301				20	
					4	2023 F.LR	
) _	Enter name of NEW Registered Agent and/or NEW Regist					تاج	•
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office addres	<u>S</u> :			$\overline{\omega}$	
	John W. Lentz				1 - - -	PH	
	NEW Registered Office Address:				1 1 4 70 T	بب	1
	401 E Virginia St					37	
	Tallahassee	, FL ³²³⁰¹					
ve Ve	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members and organization or the operating agreement of Wluty	the registered of diability comparts of the limited liability the limited liability.	ffice and any, it is l Hiability	the business of hereby confirm company or a bany.	office of the ned that the	registe	red e(s)
jeve rakti	SPECTFORMER or authorized representative of a member			Printed or typed	name of signe	:	
	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as provey, reflect a change in the registered office address to the control of this change.	agree to act in the left performance ided for in Chass, Thereby confi.	his capac e of my di pter 605, em that th	zity. I further uties, and I an F.S. Or, if thi ne limited liab	agree to co i familiar w s document ility compai	mply w ith and is bein ny has i	rith th Lacce 19 file been