115000052239

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

Office Use Only

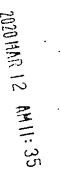


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COVER LETTER

TO:	Registration Section Division of Corporations							
C1113.1	SWF CAPELEE REALTY, I	LLC	·					
SUBJECT: Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the	following:					
Aaro	n Enzor							
	Name of Person	<u> </u>						
VPS	Services LLC							
	Firm/Company							
651 I	N. Broad St. Ste 308							
	Address		_					
Midd	letown DE 19709							
	City/State and Zip Code		_					
comp	oliance@agilelegal.com							
1	E-mail address: (to be used for future an	nual report notif	ication)					
For fu	rther information concerning this matter	, please call:						
Aaro	n Enzor	302	376-6710					
	Name of Person	· · · · ·	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee	□ \$:	\$55 Filing Fee & Certified Copy					

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.

.	3030 N. ROCKY POINT DR.	3030 N. ROCKY POINT DR.					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			•	
	STE 150A		STE 150)A			
	TAMPA, FL 33607		TAMPA,	FL 33607			
	03/24/2015		L1500005	52239			
3.	Date of filing/registration in Florida	-1.	_	Document number			
5. (a)	NORTHWEST REGISTERED AGENT LI	_C.					
(Registered Agent and Registered Office shown on the record	ls of the Florida	Dept, of State	: ::			
	7901 4TH STREET N				20		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2	•	70 H		
	SUITE 300				2020 MAR 12		
	ST.PETERSBURG	. FL 33702		•			
(b)	Global Virtual Agent Services, Inc. Enternance of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office ad	dress:		AM 11: 35		
	5702 Tanagerlake Rd						
	NEW Registered Office Address:						
	Lithia	. FL_33547					
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regised liability co ers of the lime the limited I	stered office impany, it is ited liability iability com	and the business offices hereby confirmed that y company or as othery	e of the reg the change tise provide	gistered e(s)	

Signature of Registered Agent

notified in writing of this change.