1/600032303

(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



100302149841

08/07/17--01020--008 **25.00

TILED W 28

n RRUCE AUG 08 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SCW Ventures, 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:			
Steven J. Weitekarn P Name of Person			
SCW Ventures, LLC Firm/Company			
300 2nd Avenue SE, Slip 70 Address Soviet Poloschuse El 23701			
Jan 17 6781 5001 17 61 1			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Steven J. Weitekamp at 727 992-3196 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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: SCW Yen+	ures, LLC			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	GCW Ventu Mailing address of limi (Note: MAY BE PO	ited liability company: <u>OST OFFICE BOX</u>)		
300 2nd Avenue SE Slip 70 3	north bas oc	UESE BOX70		
300 2nd Avenue SE Slip 70 30 Soint Petersburg, FL 33701 So	aint Peters	burg FL 33/0		
Od/16/2-016 Date of filing/registration in Florida 4.	16 0000 32 3 Document number			
5. (a) We tekan of Steven J Registered Agent and Registered Office shown on the records of the Florida Dept	t. of State:			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1908 Rolling Green Cir 5 a ca 50 th , FL 3424	de John Allah			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				
NEW Registered Office Address: 300 2nd Avenue SE Slip	70	% 		
Jaint Petersburg, Fr 337	01			
If the limited liability company is not organized under the laws of the Stat the change or changes are made, the Florida street address of the registere agent will be identical. Or, in the case of a Florida limited liability compa was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited liabil	d office and the business my, it is hereby confirmed liability company or as of	office of the registered I that the change(s)		
m 9 4	reven J. W. Printed or typed nam	CiteKamp		
Signature of a member or authorized representative of a member	Printed or typed nam	e 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 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.				

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

Signature of Registered Agent