LIL 0000 95658

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(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	Certificates of Status				
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ANASSLE, FLORIDS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 9, 2016

Order#: 241064/030

Re: SGWST, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE GR 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	me of the limited liability company: SGWST, LLC				
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)	
		MIAMI, FL 33159	_			
		05/13/2016	. <u>-</u>	L1600009	95658	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	BREIER, SEIF, SILVERMAN & SCHERMER, P.A.			_	
` '		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		2800 PONCE DE LEON BLVD #1125				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					هس ر د	
		CORAL GABLES , FL_	33134		ECRETARY SECRETARY ALLAHASS	
((b)	Corporation Service Company			· 篇 = m	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ado	lress:	Fig. 3 O	
		1201 Hays Street			D PM 2: 38 OF STATE E, FLORID	
		NEW Registered Office Address:				
		Tallahassee .FL	32301		•	
the age wa	char ent w s/ve	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the liable.	s of the he regis bility co the limi imited li	tered office mpany, it is ited liability ability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
- 5	ignat	ure of a member or authorized representative of a member	3111 C	Allini, Addito	Printed or typed name of signee	
pro the to no	ovisio obli mere tifie	of accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he is the proper of this change	performa for in C ereby co	ince of my d hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Asst. Vice President	