117000024681

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200297680072

04/10/17--01021--020 **25.00

TO APP IO PH IF OF

1. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUBJECT:
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:
Therese A. Clapp
Name of Person
SW Florida Global Real Estate Group, LLC
Firm/Company
8695 College Pkwy. Suite #2015
Address
Fort Myers, FL 33919
City/State and Zip Code
ThereseClapp@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Therese A. Clapp 239 542-4777
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:
■ \$25 Filing 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.

. Name of the limited liability company: SW Florida	Global Real Estate Group, LLC	
(a) 8695 College Pkwy.	(b) 1616 Cape Coral Pkwy. W	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Suite #2015	Suite #102214	
Fort Myers, FL 33919	Cape Coral, FL 33914	
01/31/2017	L17000024681	
. Date of filing/registration in Florida	4. Document number	
(a) Therese A Clapp		
(a) Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:	
8695 College Pkwy.	17	
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
Suite #1204		1
Fort Myers	00040	
· · · · · · · · · · · · · · · · · · ·		13.02 13.02
(b)		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	ener en
8695 College Pkwy.	DIFFERENT Suite	1DDRE
NEW Registered Office Address:	C. 1	o
Suite #2015	DIFFERENT SUITE	٤.
Fort Myers	_{FL} 33919	
the limited liability company is not organized under the e change or changes are made, the Florida street address ent will be identical. Or, in the case of a Florida limited as/were authorized by an affirmative vote of the member e articles of organization or the operating agreement of the signature of a member or authorized representative of a member	of the registered office and the business office of the relational liability company, it is hereby confirmed that the changes of the limited liability company or as otherwise provide he limited liability company. Therese A. Clapp Printed or typed name of signee	egistered ge(s) ded in
hereby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple e obligations of my position as registered agent as provimerely reflect a change in the registered office address, otified in writing of this change.	agree to act in this capacity. I further agree to comply well performance of my duties, and I am familiar with an ided for in Chapter 605, F.S. Or, if this document is being I hereby confirm that the limited liability company has	with the d accep ing filed been

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