

L170000 27557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

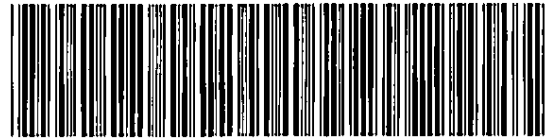
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 23 AM 10:59
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ALBANY, NY

RA/RD/CH8

MAR 24 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swann Properties 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:

James R Swann
Name of Person

Swann Properties LLC
Firm/Company

79 Suzanne Drive
Address

SRB, FL 32459
City/State and Zip Code

jimswann54@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Swann at (469) 766-2434
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

Check Already Sent - not Counted



2020 MAR 23 PM 12:54

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2020

JAMES SWANN
79 SUZANNE DRIVE
SANTA ROSA BEACH, FL 32459

SUBJECT: SWANN PROPERTIES LLC
Ref. Number: L17000027557

We have received your document for SWANN PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00004646

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: Swann Properties LLC

2. (a) 79 Suzanne Drive, SRB, FL 32459
Principal office address of limited liability company: 32459
(Note: MUST BE STREET ADDRESS)

(b) 79 Suzanne Drive, SRB, FL 32459
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 2/21/20 Date of filing/registration in Florida

4. L 1700027557 Document number

5. (a) United States Corp Agents
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PO Box 6327, Tallahassee FL 32314
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5575 Seminole Blvd #36
Orlando, FL 32822

(b) James Swann
Enter name of NEW Registered Agent and/or NEW Registered Office address:
79 Suzanne Drive
Santa Rosa Beach
FL 32459

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2020 MAR 23 AM 10:59
STATE OF FLORIDA
TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

James Swann Printed or typed name 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.

[Signature]
Signature of Registered Agent