L170000710459

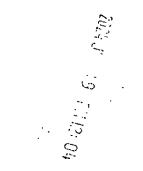
(Requestor's Name)					
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	J. _F JUL _d	HORNE 29 2024			

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	DeSoto Swale Services, LLC		
		lame of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the fo	ollowing:
Mark F	R. Penfield		
	Name of Person		_
DeSou	Swale Services, LLC		
	Firm/Company		_
45 Lag	oon Street		
	Address		_
North I	Fort Myers, FL 33903		
	City/State and Zip Code	•	_
Greene	rLandsInc@Earthlink.net		
E	-mail address: (to be used for future a	innual report notific	ation)
For fur	ther information concerning this matt	er, please call:	
Mark F	t. Penfield	239 at (872-9028
	Name of Person	u. (Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng 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.

1. N	ame of the limited liability company: DeSoto Swale S	Services. I	LC	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	45 Lagoon Street			
	North Fort Myers, FL 33903			
	04/06/2017		L17000076	5459
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a)				
<i>5.</i> (w _.	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	ate:
	George H. Knott, Esq.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	-
	1625 Hendry Street, 3rd Floor			
	Fort Myers	, 33901		
	. F	l	·	
(b)				
(=)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	- ;
	Mark R. Penfield			<u>.</u>
	NEW Registered Office Address:			- TB:
	45 Lagoon Street			::
				- 0,
	North Fort Myers F	L33903		_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the line limited	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ature of a member or authorized representative of a member			Printed or typed name of signec
provis the ob to mer notifie	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been