L17000086781

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(Address)									
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(City/State/Zip/Phone #)									
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D. SCOTT AUG 1 5 2017

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations							
SUBJECT:	SWEET WATER RESIDENTIAL ASSISTED LIVING LLC							
	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the	following:					
JB ROTH								
	Name of Person							
ROTH LAV	W FIRM PL							
	Firm/Company	_	_					
6100 GRE	ENLAND RD., SUITE 604			59 1				
	Address			三				
JACKSON	VILLE, FL 32258			MIG 14 PH 2 11				
	City/State and Zip Code			P. C.				
JB@ROTH	ILAWFIRM.NET			2				
E-mail a	address: (to be used for future ann	ual report notif	cation)	무 등				
For further in	formation concerning this matter,	please call:						
JB ROTH		904 at (595-7900					
	Name of Person		Area Code & Daytime Teleph	none Number				
Regis Divis Clifto 2661	etr/Courier address: stration Section ion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314					
Enclo	osed is a check for the following	amount:						
☑ \$2:	5 Filing Fee	5 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. Na	ame of the limited liability company:	SWEET WAT	ER RE	SIDENTIA	AL ASSISTED	LIVING LLC	
2. (a)	1615 LAKE SHORE BLVD		(b) 1615 LAKE SHORE BLVD				
,	Principal office address of limited li (Note: MUST BE STREET)		_ ("	· ———		mited liability company:	
	JACKSONVILLE, FL 32210		_	JACKSO	ONVILLE, FL 3	32210	
	04/19/2017			L1700008	36781		
3.	Date of filing/registration in	n Florida	4.		Document numb	er	
5. (a)	ROTH LAW FIRM PL						
()	Registered Agent and Registered Office sho	wn on the records of the	he Florida	Dept. of State	· ::		
	Registered Office Address (MUST BE F	(MUST BE FLORIDA STREET ADDRESS)				17 M	
	PONTE VEDRA BEACH	, FL.	32082			FILED NUG 14 PH	
(b)	ROTH LAW FIRM PL					E D	
(-)	Enter name of NEW Registered Agent and/	or NEW Registered (Office add	lress:		😕	
	6100 GREENLAND ROAD						
	NEW Registered Office Address:						
	SUITE 604						
	JACKSONVILLE	FL_	32258				
tne cha: agent w was/we	mited liability company is not organinge or changes are made, the Florida ill be identical. Or, in the case of a free authorized by an affirmative vote coles of organization or the operating a	street address of t Florida limited liat of the members of	he regis pility co the limi	tered office mpany, it is ted fiability	and the business hereby confirme company or as o	office of the registered	
			JEA	N B ROT	H, AUTH. REF	PRESENTATIVE	
Signat	ure of a member or authorized representative	of a member			Printed or typed nan	ne of signee	
the obli to mere	y accept the appointment as register, ons of all statutes relative to the properties of my position as registered of the registered of the registered of the writing of this change.	ed agent and agre er and complete p agent as provided office address, I hè	e to act erforma for in C ereby co	in this capa nce of my d hapter 603, nfirm that ti	wity. I further ag luties, and I am fo F.S. Or, if this of the limited liabilit	gree to comply with the amiliar with and accept document is being filed by company has been	
Signatur	e of Regis tered Agent						