L18 000065 339

(Re	questor's Name)					
(Add	dress)					
(Adı	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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03/27/19--01017--010 ++25.00

SEORE LARY OF STATE

APPROVED AND FILED

1. A/B/C

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: /SW/M//AH/ CCC 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:	
NIKOLA MARINCAKOVA Name of Person	
Name of Person SWIMMIAMI LLC Firm/Company SS 27 FR	いっている
245 NE 14th street Address Address	₹ 17
MIAHI FL 3313Z City/State and Zip Code	
MIKO/Q Mat/Mcakova @g mai/com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	

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.

1. Na	ame of the limited liability company:	WIM	HIAHI	4	C		
	145 NE 14th Street		1	4511F	14th	ST	rest
2. (a)	Principal office address of limited liability company:	_ (b)		ling address of lim	nited liability	сопіра	ny:
	(Note: MUST BE STREET ADDRESS)		(1	Note: MAY BE P	<u>OST OFFIC</u>	<u>E BO.</u>)
	1509			1150	09		
	MIAMI, FL 33132	<u> </u>	HI	AMI, 12	- 33	136	-
	3/13/2019		L1	800006	533	9	
3.	Date of filing/registration in Florida	4.	D	ocument numbe	er		
5 (a)	MNITED STATES CORPORATION	NA	6ENTS,	INC.			
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:				
	13302 WINDING C	DAK	COURT	7	3 93	201	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				<u> </u>	
	A				12 T	019 MAR 27	71,
	TAHPA .FL	33	612		SSEE		ILEO (NO)
	NILOLA MARINCAL	01/0			FSI FI	PM 6: 33	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		ress'		至	ည	
	245 NE 14th	Stre	ret		*, (u.	
	NEW Registered Office Address:						
	1509						
	MIAMI .FL	33	132				
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability cou f the limi	ered office a npany, it is hat ted liability company.	nd the business ereby confirme company or as c	office of d that the otherwise	the reg chang provid	gistered e(s) ed in
Signat	ture of a member or authorized representative of a member		P	rinted or typed nam	ne of signee	~ -	' _
provisi the obl to mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided elv reflect a change in the registered office address, I had a writing of this change.	oo to net	in this canac	its: I further ac	ree to cor	nnhi u	ith the
Signatu	re of Registered Agent						
/	Division of Corporations ◆ P.O. B	Box 6327	• Tallahasse	e. Fl. 32314			

FILING FEE: \$25.00