Division of Corporations

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Ger the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:____

LLC REGISTERED AGENT CHANGE SW FLORIDA HOME DECOEUR RETIREMENT, LLC

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1/7/2025 11.48 🕏 PSI . To: 18506176383 Page: 2/2 Fax: 8134365206

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.

l. Na	ame of the limited liability company: SW FLORIDA H	IOME D	ECOEUR RI	ETIREMENT, LLC	
2. (a)	7901 4th St N STE 300		7901 4th St N STE 300		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702		St. Peters	burg, FL 33702	
	09/19/2018		L18000223	3302	
·.	Date of filing/registration in Florida DECOEUR, DAVID	- 4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 2113 CAPE HEATHER CIRCLE	the Floric	la Dept. of Stat	e: -	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FIL 2025 JAN -7	
	CAPE CORAL	33991		FIL IAN -7	
(b)	REGISTERED AGENTS INC			7 10	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- - 0		
	7901 4TH ST N			<u> </u>	
	NEW Registered Office Address: STE 300			-	
	ST. PETERSBURG , FL	33702		_	
hange igent v vas/w he arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	register ability c of the lin limited	red office an ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
l here provisi he obl o mer potified	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, 1) d in writing of this change.	ree to ac perforn d for in hereby c	t in this cape sance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep t, F.S. Or, if this document is being filed the limited liability company has been	
	Id Capacits David Roberts				
Signatu	re of Registered Agent				