

L190000038925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

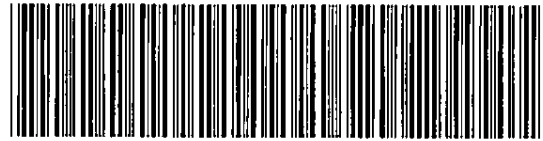
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FALLS COUNTY

Ra Chang

MAR 11 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 441 SWALLOW DRIVE 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:

LOWELL J. KUVIN, ESQ.

Name of Person

LAW OFFICE OF LOWELL J. KUVIN

Firm/Company

17 EAST FLAGLER ST. SUITE 223

Address

MIAMI, FL 33131

City/State and Zip Code

lowell@kuvinh.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOWELL J. KUVIN

Name of Person

at (305) 812 6800

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

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CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2024

LOWELL J KUVIN, ESQ.
LAW OFFICE OF LOWELL J. KUVIN
17 EAST FLAGLER ST., SUITE 223
MIAMI, FL 33131

SUBJECT: 441 SWALLOW DRIVE LLC
Ref. Number: L19000038925

We have received your document for 441 SWALLOW DRIVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

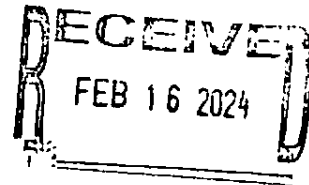
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Operations Manager A

Letter Number: 724A00002243



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: 441 SWALLOW DRIVE LLC

2. (a) 441 SWALLOW DR #5 (b) 10 Canal St #175
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33166

MIAMI, FL 33166

3. February 07, 2019
Date of filing registration in Florida

4. L 19000038925
Document number

5. (a) Jorge Alvarez Y. Jr.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

101 MADEIRA AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33134

(b) LOWELL J. KUVIN, ESQ.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17 EAST FLAGLER ST. SUITE 223
NEW Registered Office Address:

MIAMI, FL 33131

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

IN HOUSE COUNSEL
Printed or typed name of signer

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

FILED
2024 FEB 16 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL