

L190000068770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

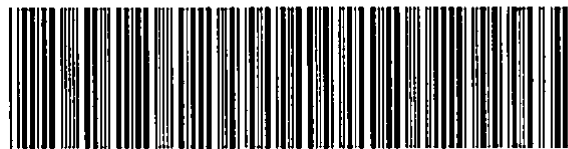
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2020 JUN -3 AM 9:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020.05.18 12:16

May 18, 2020

TERESA SCOTT-DAVIS
SDW CONGLOMERATE, LLC
13194 US HWY 301 S, SUITE 423
RIVERVIEW, FL 33578

SUBJECT: SDW CONGLOMERATE, LLC
Ref. Number: L19000068270

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by a member or an authorized representative of a member.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00010034

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDW Conglomerate 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:

Teresa Scott-Davis

Name of Person

SDW Conglomerate, LLC

Firm/Company

13194 US Hwy 301 S, Suite 423

Address

Riverview, FL 33578

City/State and Zip Code

sdwconglomerate@gmail.com

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

For further information concerning this matter, please call:

Teresa Scott-Davis

727 434-4200
at ()

Name of Person

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

**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: SDW Conglomerate, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

13194 US Hwy 301 S, Suite 423

13194 US Hwy 301 S, Suite 423

Riverview, FL 33578

Riverview, FL 33578

March 11, 2019

L19000068270

3. Date of filing/registration in Florida 4. Document number

5. (a) Teresa Scott-Davis

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~13194 US Hwy 301 S, Suite 423, Riverview, FL 33578~~

11609 Storywood Drive

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

~~13194 US Hwy 301 S, Suite 423~~

Riverview

33578

FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

13194 US Hwy 301 S, Suite 423

Riverview

33578

FL

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.

Teresa Scott-Davis

Signature of a member or authorized representative of a member

Teresa Scott-Davis

Printed or typed name of signee

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.

Teresa Scott-Davis

Signature of Registered Agent

2020 JUN -3 AM 9:12