

L19000225090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

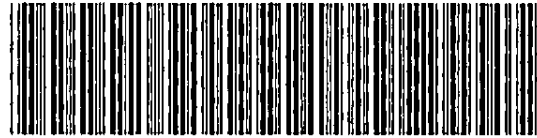
(Business Entity Name)

(Document Number)

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2021 SEP -7 AM 10:00  
SECURITY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sawalo  
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:

Jignashu Vora  
Name of Person

Sawalo LLC  
Firm/Company

522 S Hunt Club Blvd #227  
Address

Apopka Florida 32703  
City/State and Zip Code

Jvora@sawalo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jignashu Vora at ( 407 ) 697-6760  
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.

Name of the limited liability company: Sawalo LLC  
(a) 4071 L.B. McLeod Rd (b) 522 S Hunt Club Blvd #227  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
S/E O P M B 52 APOPKA, FL 32703  
0214nd0, FL 32811  
09/05/2019 21900025 FWD  
Date of filing/registration in Florida 4. Document number

(a) Johnson Jonathan  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
421 E Robinson St  
Oaklando FL 32801

(b) Jignashu Vora  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
522 S Hunt Club Blvd #227  
NEW Registered Office Address:

APOPKA FL 32703

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.

JVora Jignashu Vora  
Signature of a member or authorized representative of a member 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.

JVora  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

RECEIVED BY DESK  
TALLAHASSEE, FL

2021 SEP - 7 AM 10:00

FILED