20000285089

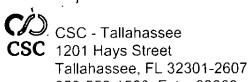
| | Requestor's Name | <u>-</u> |
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| (/ | Address) | <u>. </u> |
| | | <u> </u> |
| (, | Address) | |
| (1) | City/State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (I | Business Entity N | ame) |
| - // | Document Numbe | |
| ζ. | ocament Nambe | a) |
| ertified Copies | Certificat | es of Status |
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| Special Instructions t | to Filing Officer: | |
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Office Use Only



200452589342

S. CHATHAM AUG 2 1 2025



850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/22/25 Order #: 4343163-9 Re: SWWS FL, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. N | ame of the limited liability company: | | | | |
|-------------------------------------|---|---|--|--|--|
| 2. (a) | 4055 Edison Avenue | (I | (b) 4055 Edison Avenue | | |
| 2. (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) | |
| | Fort Myers, FL 33916 | _ | Fort Myer | rs, FL 33916 | |
| | 09/11/2020 | | L20000285 | 5089 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | Lomangino , John P | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of t | he Florid | a Dept. of State | e: | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES: | <u>S)</u> | - | |
| | 12600 Coporate Lakes Drive Suite 10 | | | _ | |
| | Fort Myers, FL_ | 33913 | | 202 | |
| (b) | (b) Enter name of NEW Registered Agent and/or NEW Registered Office adds Corporation Service Company | | | 2025 AUG 22 PH 12: 09 | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | Tallahassee FL | 32301 | | _ | |
| change agent was/w the art | limited 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 liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the later. | register bility co f the lin limited l | ed office and ompany, it is nited liability liability con | d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. | |
| | / Chad Abell | Cha —— | ad Abell - Au | uthorized Signer | |
| I here provis the ob to mer notifie | nure of a member or authorized representative of a member or by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. Grace E. Kirby | ve to act perform I for in C vereby co | in this capa ance of my a Chapter 605 onfirm that i | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | |
| | rre of Registered Agent | | | | |