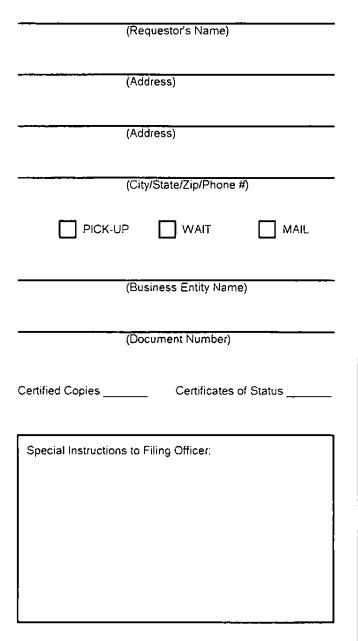
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Office Use Only





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03/22/24--01008--019 **450.00

2024 EAR 22 ATT1: 28

COVER LETTER

Division of Corporations					
SBW INVESTMENT. LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
JOSE LUIS LOPEZ					
Name of Person					
MX GLOBAL CENTER LLC					
Firm/Company					
10330 LAKE RD SUITE F					
Address					
HOUSTON, TEXAS 77070					
City/State and Zip Code					
success@mxglobal.center					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se call:				
JOSE LUIS LOPEZ	832 603-0972				
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 amo	ount:				
■ \$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. Na	ame of the limited liability company: SBW INVESTI	MENT, I	LLC	
2. (a)	2600 S DOUGLAS RD		(b) 2600 S D	OUGLAS RD
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, , , , , , , , , , , , , , , , , , , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 800		SUITE 80	0
	CORAL GABLES, FLORIDA 33134-6149		CORAL	GABLES, FLORIDA 33134-6149
	10/22/2020		L20000326	468
3. 5. (a)	Date of filing/registration in Florida 360 CORPORATE SOLUTIONS LLC	4.		Document number
· (-)	Registered Agent and Registered Office shown on the records 2600 S DOUGLAS RD	of the Flo	orida Dept. of Sta	ic:
	Registered Office Address (MUST BE FLORIDA STREE PH-8	TADDR	ESS)	2024 P42 R
	CORAL GABLES	FL	4	_
(b)	Registered Agents Inc			AT :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	: address:	Ali II : 28
	NEW Registered Office Address:			_
	7901 4th St N Ste 300		_	
	St. Petersburg	3370 FL	2	_
change agent w was/we	mited liability company is not organized under the l or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	he regist liability s of the ne limite	tered office an company, it i limited liabilit d liability con	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	www.du.		TIA DEL ROC	CIO MIRANDA Printed or typed name of signee
I herel provision the obli to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provia by reflect a change in the registered office address, if in writing of this change	o norta	rmanee of mu.	acity. I further agree to comply with the

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

David Roberts
Signature of Registered Agent