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COVER LETTER

Division of Corporations BAREFOOT PROPERTIES OF SWFL, LLC SUBJECT: 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: Mary S. Massaro Name of Person Firm/Company 320 Horse Creek Drive, Unit 204 Address Naples, FL 34110 City/State and Zip Code mmassaro123@sbcglobal.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary S. Massaro 708 997-7422 Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

TO:

Registration Section

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.

Nai	me of the limited liability company: BAREFOOT PRO	OPER	пе	S OF SWI	FL, LLC
) _	320 Horse Creek Drive, Unit 204		(b)	320 Horse	e Creek Drive, Unit 204
<i>'</i> -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34110	_		Naples, FI	L 34110
	March 10, 2021	_	1.	21000115	756
-	Date of filing/registration in Florida	4.			Document number
1)	Paracorp Incorporated				
,	Registered Agent and Registered Office shown on the records of th	e Flori	da E	ept. of Stat	_ ie:
	155 Office Plaza Drive				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>SS)</u>		- ~!
	1st Floor				0211 SEC
	Tallahassee , FL	32301			2021 DEC 27 SECRETAR TALLARI
	Mary S. Massaro				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ıddr</u>	ess:	<u> </u>
	320 Horse Creek Drive, Unit 204				55
	NEW Registered Office Address:				_
	Naples 57	34110			_
ge w ve tic	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the egiste oility of the limited	red com mit lia	office an pany, it is ed liabilit	Id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided inpany.
12111	ure of a member or authorized representative of a member	_			Printed or typed name of signee
eb sic bli re	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to a	ct ii nan Ch con	i this cap ce of my apter 605 firm that	acity. I further agree to comply with duties, and I am familiar with and acc 5, F.S. Or, if this document is being fi the limited liability company has been

Signature of Registered Agent