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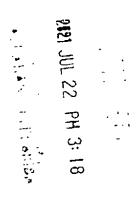
(Requestor's Name)			
(Ád	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Na	me)	
(Do	cument Number		
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Swallowtail Property Management LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Richard A. Bettencourt	
Name of Person	
Firm/Company	
630 42nd Court	
Address	
Vero Beach, Florida 32968	
City/State and Zip Code	
rabettencourt@outlook.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
at (21 543-8612
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	t:
ত্ৰ্ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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: Swallowtail Prope	rty Management,	LLC
	632 42nd Court, Vero Beach, FL 32968	(b) same	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/17/2021	L21000	<u> </u>
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of 630 42nd Court	the Florida Dept. o	Na
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	#11 *11 * 22
	Vero Beach , FL	32968	_
(b)	Law Offices of Glenn & Glenn		P4 3: 18
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	18 18
	2165 15th Avenue		
	NEW Registered Office Address:		
	Vero Beach, FL	32960	
chang agent	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 lia- were authorized by an affirmative vote of the members of ticles of organization of the speciating agreement of the	registered officability company	e and the business office of the registered, it is hereby confirmed that the change(s)
	1WG/W//		Bettencourt, Member
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ol to me	why accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	performance of d for in Chapter	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
Signat	ure of Registered Agent		