L22000035588

Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| MSW Granite LLC SUBJECT: | |
| | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | e and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter t | o the following: |
| Steven Lafavore | |
| Name of Person | |
| MSW Granite | |
| Firm/Company | |
| 13650 N. 12th Street | |
| Address | |
| Tampa, F1. 33613 | |
| City/State and Zip Code | |
| kim@yoursuncoasthomesolutions.com | |
| E-mail address: (to be used for future annual report | notification) |
| For further information concerning this matter, please ca | 11: |
| Steven Lafavore 603 at (| 3 986-2184 |
| 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 |

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 | Name of the limited liability company: MSW Grante | LLC | | | |
|-----------------------------------|--|--|---|--|---------------------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | Mailing address of limited liability com (Note: MAY BE POST OFFICE BO | |
| | 13650 N. 12th Street | | 13650 N. | 12th Street | |
| | Tampa, FL 33613 | | Tampa, F | T. 33613 | |
| | 01/18/2022 | | L22000035 | 5588 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | • |
| 5. (a | Steven P Lafavore | | | | |
| J. (u | Registered Agent and Registered Office shown on the records | of the Flor | ida Dept, of Sta | - 2022 | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5550 Airport BLVD | | | 2 SEP | , , , , , , , , , , , , , , , , , , , |
| (b) | Tampa , | FL_33634 | | 6 - All | ដូវ |
| | Steven P Lafavore | | | . 9 | لآ |
| (- | Enter name of NEW Registered Agent and/or NEW Register | red Office | <u>address</u> : | 17 | |
| | NEW Registered Office Address: | | | _ | |
| | 13650 N. 12th Street | | | | |
| | Tampa | FL 33613 | | _ | |
| chang agent was/v the ar | limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of the member of the street of organization or the operating agreement of the street | the registed liability rs of the l he limited | ered office a company, it imited liabil | nd the business office of the regis is hereby confirmed that the chan ity company or as otherwise prov mpany. | tered ige(s) |
| _ | nature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| provi the or to me | why accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi erely reflect a change in the registered office address, and in priting of this change. | ·še nerfor | mance of mi | : duties_ànd I am familiar with ar | id accent |
| Signa | ture of Registered Agent | | | | |