

# L220000216512

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

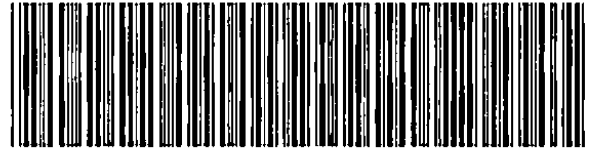
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600395918746

10/17/22--01036--021 \*\*35.0

FILED  
2023 OCT -8 AM 8:44  
CLERK OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Floodwater Solutions  
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:

Shawna R Swartzell  
Name of Person

Floodwater Solutions  
Firm/Company

3902 IXORA CT  
Address

Biverview, FL 33578  
City/State and Zip Code

~~Info~~ Info @ FloodwaterSolutionsllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna R Swartzell at ( 727 ) 709-8739  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2023

SHAWNA SWATZELL  
3902 IXORA COURT  
RIVERVIEW, FL 33578

SUBJECT: FLOODWATER SOLUTIONS, LLC  
Ref. Number: L22000216512

We have received your document for FLOODWATER SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 423A00000792

FILED - 8 2023

**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. Name of the limited liability company: Floodwater Solutions, LLC
2. (a) 3902 Ixora Ct. Riverview, FL 33578 (b) 3902 Ixora Ct. Riverview, FL  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 5/6/2022 Date of filing/registration in Florida 4. 422000216512 Document number

5. (a) Alexander Swartzell  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3902 Ixora Ct.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Riverview, FL 33578

- (b) Shawna R. Swartzell  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3902 Ixora Ct.  
NEW Registered Office Address:

Riverview, FL 33578

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Shawna R. Swartzell  
Signature of a member or authorized representative of a member

Shawna R. Swartzell  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Shawna R. Swartzell  
Signature of Registered Agent

FILED  
2022 FEB -8 AM 8:45  
TALLAHASSEE, FL  
DIVISION OF STATE