## 122000486187

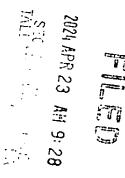
(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
umils					

Office Use Only



000427992540

04/23/24--01006--010 \*\*25.00



## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT	Matrix Home Solutions of Southwes	t Florida, LLC	
		ne of Limited L	iability Company
Dear Sir or	r Madam:		
The enclos	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please retu	rn all correspondence concerning th	is matter to the	following:
Nicholas Ri	chmond		
	Name of Person		
Matrix Hon	ne Solutions of Southwest Florida, LLC		
	Firm/Company		_
1501 Rail H	lead Blvd.		
	Address		
Naples, FL	34110		
	City/State and Zip Code		_
bduelm@m	atrixswfl.com		
E-ma	il address: (to be used for future ann	ual report notifi	cation)
For further	information concerning this matter,	please call:	
Nicholas Ri	chmond	269 at (	998-5249
	Name of Person	(	Area Code & Daytime Telephone Number
<u>M</u> 1	ailing Address:		Street Address:
	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	amount:	
	\$25 Filing Fee	<b>□</b> \$5	5 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.

l. Na	ame of the limited liability company:			Southwest Florida, LLC
. (a)			<b>(b)</b>	b)
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1501 Rail Head Blvd.			1501 Rail Head Blvd.
	Naples, FL 34110			Naples, FL 34110
	11/14/2022		L	L22000486187
	Date of filing/registration in Florida	4.	-	Document number
(a)				
(-)	Registered Agent and Registered Office shown on the records of	f the Flor	ida I	a Dept. of State:
	Courtney Howard			·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	<u> </u>
	1501 Rail Head Blvd.			
	Naples, F.	34110		2024 APR SEC.
		<b></b>		
(b)	Nicholas Richmond			<i>∨</i>
( )	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ddj	
				AH 9
	NEW Registered Office Address:			<del></del>
	1501 Rail Head Blvd.			3,55 28
	1301 Kali nead bivu.			
	Naples , FI	34110		<u>.</u>
iange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members	registe ability of of the li	red om mit	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
e artic	cles of organization or the operating agreement of the			* * *
<u> </u>	Completion	Co	urti	tney Howard
_	ure of a member dr authorized representative of a member			Printed or typed name of signee
rovisio le obli mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of the change.	ree to a perform d for in hereby	ct ir nan Ch con	in this capacity. I further agree to comply with th ince of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file infirm that the limited liability company has been