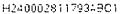
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Florida Department of State Likision of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Émail Address:_

LLC REGISTERED AGENT CHANGE GREEN SWAMP MANAGEMENT LLC

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M. SOLOMON AUG 4 2 2024

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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:	SWAMP MANAGEME	N1 LLC			
2. (a)						
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	panyi	Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/06/2023	L23	5000006439			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	REGISTERED AGENT SOLUTIONS, INC.					
<i>J.</i> (0)	Registered Agent and Registered Office shown on the c	ecords of the Florida Dep	pt, of State:			
	2894 REMINGTON GREEN LN., STE. A					
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)				
				022		
	TALLAHASSEE	——————————————————————————————————————		2024 AUG 22 DE DRETAR DE DRETAR		
(b)				- \$\frac{\angle R}{\SS} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Northwest Registered Agent LLC			mg - r		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	<u>tegistered Office addres</u>	<u>s</u> :	PH I:		
	7901 4Ih St N			STATE CORIDA		
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	33702 FL				
the ch agent was/w the ar	limited liability company is not organized undo ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the mo icles of organization or the operating agreemen	ldress of the registers imited liability comp embers of the limited nt of the limited liabi	ed office and the business offi any, it is hereby confirmed th Hiability company or as other	ce of the registered at the change(s)		
	And An Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	Nat Smit	Printed or typed name of			
provis the ob to mer	thy accept the appointment as registered agent sions of all statutes relative to the proper and c ligations of my position as registered agent as rely reflect a change in the registered office ad ad in writing of this change.	and agree to act in a complete performance provided for in Chaj dress, I hereby confi	this capacity. I further agree e of my duties, and I am famil pter 605, F.S. Or, if this docu rm that the limited liability co	to comply with the far with and accept ment is being filed ompany has been		
	Taylor Newman - As	sistant Secretary				
- Signyau	ale of Kedistered ydent					