Florida Department of State

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Division of Corporations Fax Number : (850)617-6383

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE **SWAY WASH L.L.C.**

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K. Brumble)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

LIMITED LIABILITY COMPANY

. Na	ame of the limited liability company: SWAY WASH L.	L.C.				
. (a)	1806 6TH AVE EAST			1806 6TH AVE EAST		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BRADENTON, FL 34208	_		BRADEN	TON, FL 34208	
	05/01/2024		L	.230001038	830	
	Date of filing/registration in Florida	4.	_		Document number	
(a)	LEGALINC CORPORATE SERVICES INC.					
	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	he Flor	ida I	Dept. of State	_ e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>55)</u>		_	
	JACKSONVILLE, FL	32202			_	
(b)	Corporate Creations Network Inc.	<u>-</u>			2021 HAY -	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office	addı	<u>'ess</u> :		
	801 US Highway I				<u>1</u> - 2.	
	NEW Registered Office Address:				- P= 1	
					źi -	
					28	
	North Palm Beach , FL	33408				
hange gent we as/we he artic	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I had	registo pility of the li imited Es	ered com mit l lia strel	office and pany, it is ed liability com la Tavarez,	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Attorney-in-Fact Printed or typed name of signee	

Signature of Registered Agony

Signature of Registered Agony