Division of Corporations



(((H24000281081 3)))



H240002810813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

: (813)436-5206 Fax Number **Enter the email address for this business entity to be used for future

-- annual report mailings. Enter only one email address please **

Email Address:_

LLC REGISTERED AGENT CHANGE CERULEAN SWAMP HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

AUG 4 2 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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. 8	Tame of the limited liability company: CERULEAN SWA	MP HOLDINGS	SLLC
2. (a)			
(,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)
	03/20/2023		00126515
3. 5. (a)	Date of filing/registration in Florida	4.	Document number
) REGISTERED AGENT SOLUTIONS, INC.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	2894 REMINGTON GREEN LN., STE. A		
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u>	ADDRESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			24 CO
	TALLAHASSEE , FI.	32308	
(h)			MARY O
	Northwest Registered Agent LLC		<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	전
	7901 4th St N		원년 8 : 18
	<u>NEW</u> Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the ch agent was/v	limited liability company is not organized under the lay nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/	ature of a member of authorized representative of a member	Nat Smith	· ————————————————————————————————————
-			Printed or typed name of signer
provi: the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. It was in writing of this change.	performance of d for in Chapte hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signyo	Taylor Newman - Assistant Stude of Registered Agent	ecretary	