4/18/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE SW ACQUISITIONS LLC

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Help

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.	Na	me of the limited liability company: SW ACQUISITIO	NS LL	7	<u> </u>	
		Principal office address of limited liability company: (Note: MUST HE STREET ADDRESS)	((b)		
		8144 WALNUT HILL LANE, SUITE 1400		8144 WAL	NUT HILL LA	ANE, SUITE 1400
		DALLAS, TX 75231		DALLAS, TX 75231		
		05/06/2013		M13000002	874	
3.		Date of filing/registration in Florida	4.		Document ni	ımber
5.	(a)	CORPORATION SERVICE COMPANY				
J. (a)	(4)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	- *:	17 AI SECR
		Registered Office Address AUST BE FLORIDA STREET A	DDRESS)		•	R IS ETARY HASSE
		TALLAHASSEE ,FL	32301-2	525		
(b)	C.T. Corporation System Enter name of NEW Registered Agent and/or NEW Registered Co.	060	(Anna)		9: 35
			OMICE NO	iuress.		
		C T Corporation System			-	
		NEW Registered Office Address:				
		1200 South Pine Island Road				
		Plantation , FL_	33324			
the ager	cha it w /we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of tail be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of elector organization or the operating agreement of the l	s of the the regi bility co	istered office ompany, it is nited liability	and the busing the and the confi thereby configure or company or	ness office of the registered rmed that the change(s)
	4		Kin	berly Bowen		
I he prov the c to m notig	reb visio obli vere fied Co	ore 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 pations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and the change of this change. The provided of this change of the properties	ve to ac perforn I for in ereby c	t in this cape aunce of my o Chapter 603 onfirm that i	, .	I name of signee or agree to comply with the om familiar with and accept his document is being filed whility company has been

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