Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000191072 3)))



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

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000C00023
Phone : (850)205-8842
Fax Number : (850)878-5368

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 SWAY 2014-1 EQUITY OWNER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

enre

10.5%

S Warren

AUG 0 8 2016

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.

. (a)	Principal office address of limited liability company:	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)	
	8665 E Hartford Dr. Suite 200	8663 E	8665 E Hartford Dr Suite 200	
	Scottsdale, AZ 85255	Scottsdale, AZ 85255		
	10/15/2014	M140000	007586	
	Date of filing/registration in Florida	4.	Document number	
. (a)				
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	state:	
	Corporation Service Company			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1201 Hays Street			
	Tallahassee , FI	32301-2525	The second secon	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		The second secon	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	C T Corporation System		of s	
	NEW Registered Office Address:			
	1200 South Pine Island Road		Z3	
	Plantation, FI	33324	· · · · · · · · · · · · · · · · · · ·	
e cha gent v as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	ws of the State of f the registered off iability company, i of the limited liabi	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
ie arti	icles of organization or the operating agreement of the	Terrie Bates	сопрапу.	
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
herei roviși ne obl	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act in this co performance of n ed for in Chapter 6 hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	
merc	in restrict a change in the registered office address, r			
ougiei	in writing of this change. The vill 1	James M. Ha		