M19000000291

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/16/2021	
	Chris Vick	
Reference #		<u>.</u>
	SWNC-AL	AMONTE IDC, LLC
	es of Incorporation/Authorization	
Amer	ndment	
✓ Chan	ige of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
Disso	olution/Withdrawal	
Fictiti	ous Name	
Other	r	
Authorized A	Amount:	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/16/2021	
	Chris Vick	_
	e #: 1419453	_
Entity Na	me:SWNC-ALT	AMONTE IDC, LLC
	ticles of Incorporation/Authorization	
☐ Ar	mendment	
₽ Ch	nange of Agent	
☐ Re	einstatement	
□ Co	onversion	
M	erger	
☐ Di	ssolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	
Authorize Signature	e: \$25.00	

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: SWNC-ALT	AMONT	E IDC, L	LC			
2. (a)		(b)				212.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ī	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Char	nange			
	January 9, 2019			M1900000291			
3.	Date of filing/registration in Florida	4.		Document r	number		
5. (a)	C T CORPORATION SYSTEM						
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- c:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	SECRE	2021 JUL 16	
	PLANTATION , FI	33324		-	TARY AHAS	16	ALTERNATION OF THE PARTY OF THE
(b)	COGENCY GLOBAL INC.				35 E	Ħ	17
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	-	STATE E. FL	9: 02	
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:			-			
	Tallahassee	32301		-			
the cha agent v was/we the arri Signal I herei provisi the obl to mere notified	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 liere authorized by an affirmative vote of the members of organization or the operating agreement of the live of a member or authorized representative of a member by accept the appointment as registered agent and age in sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I d'in writing of this change.	f the regist iability cor of the limited limit	tered office inpany, it is ted liability ability con white can	e and the bus shereby con y company on pany. Pattern Printed or typ	siness office firmed that or as otherwi- ed name of sig	of the chise pro	c registered nange(s) ovided in

Signature of Registered Agent