M20000C 9512

(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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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	10/13/2022 W: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Acc#I20160000072
Name:	Swiff-Train Company, LLC
Document #:	
Order #:	14587057
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: Availability Document	Certified:
Examiner Updater Verifier W.P. Verifier Ref#	

Thank you!

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	Swiff-Train Company, LLC						
SUDJEAC, I		Name of Limited Liability Company					
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Office	Change ar	d fee(s) are submitted for filing.				
Please retu	irn all correspondence concerning this n	natter to th	e following:				
Caitlyn Sin	nmons						
	Name of Person						
Parker Poe,	, Adams & Bernstein						
	Firm/Company						
Bank of Ar	nerica Tower, 620 S Tryon St Suite 800						
	Address	 _					
Charlotte, l	NC 28202						
	City/State and Zip Code						
caitlynsim	mons@parkerpoe.com						
E-m	ail address: (to be used for future annua	l report no	tification)				
For furthe	r information concerning this matter, pl	ease call:					
Dominic L	erario	704 at (335-6644				
	Name of Person	at (Area Code & Daytime Telephone Number				
R D P	failing Address: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the following a	mount:					
	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy				
INHS18 (2	2/14)						

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.

. Na	me of the limited liability company: Sw	iff-Train Compai	ny, LLC				
. (a)	10850 Train Court, Houston, TX 77041				Train Court, Houston, TX 77041		
. (u)	Principal office address of limited liabilit (<u>Note: MUST BE STREET ADD)</u>				-	f limited liability company E POST OFFICE BOX)	:
	October 23, 2020		 M2	.000000957	72		
i	Date of filing/registration in Flo	orida	4.	Е	ocument nur	mber	
. (a)	Paracorp Incorporated						
(-/	Registered Agent and Registered Office shown of 155 Office Plaza Drive 1st Floor	on the records of th	e Florida De	pt. of State:			
	Registered Office Address (MUST BE FLO)	RIDA STREET AL	DDRESS)				
						2021 17A1	
	Tallahassee	, FL_	2301			100 J	
(b)	C T Corporation System	,				2022 OCT 13 1 SECRE MANY I	-7
` /	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	1200 South Pine Island Road					PH 2: 37	
	NEW Registered Office Address:						
	Broward County						
	Plantation	FL. ³	33324				
hange gent v as/was/was ne art	limited liability company is not organized to or changes are made, the Florida street will be identical. Or, in the case of a Floriere authorized by an affirmative vote of the icles of organization or the operating agranure of a member or authorized representative of a street or authorized representative or a street or authorized representative or a street or authorized representative or a street or a street or authorized representative or a street or a st	address of the r rida limited liab the members of eement of the li	egistered of oility comp the limite	office and pany, it is l d liability pility comp Baker	the business hereby confir company or a pany.	office of the registere rmed that the change(s	ed s)
here rovis he obl mer otifie	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age elv reflect a change in the registered officing writing of this change.	agent and agre and complete p ent as provided ce address, I he	121. Lut. 111. 111. 111. 111. 111. 111. 111. 1	this capac	city. I further	r agree to comply with m familiar with and a	ccer
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	una & Brosorick Laura R. Broderick, 1	Asst. Secretary					
Signati	ire of Registered Agent						