Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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 **SWC PROPERTY CO 3, LLC**

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K. Brumbley

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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

submit Florid	s the following statement in order to change its r	<u> </u>		agent, or both, in the State of	
	me of the Limited Liability Company: SWC PROI	PERTY (CO 3, LLC		
1*44	me of the Danned Ziaonky Company.				
2. (a)	3475 VINSON RD	(b	(b) 3475 VINSON RD		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	dress of limited liability company: MAY BE POST OFFICE BOX)	
	WYLIE, TX 75098	<u> </u>	WYLIE, TX 750)98	
	2/22/2022		M22000002817		
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5 (-)	CAPITOL CORPORATE SERVICE, INC.				
5. (a)	Registered Agent and Registered Office shown on the records		Dept. of State:		
	515 E DARK AVE 2ND EI				
	515 E PARK AVE 2ND FL Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
			•		
				20	
	TALLAHASSEE , I	⁼ı. <u>3230</u>	<u>1</u>		
				2024 AUG - 6	
(b)	Capitol Corporate Services, Inc.	1000		- Fin 1	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	[1222:	하 때 - 프린이	
	515 Foot Dark Avenue 2nd Fl				
	515 East Park Avenue 2nd FI NEW Registered Office Address:				
	Neglitored Office Address.				
		-		_	
	Tallahassee,	~. 3230°	1		
	i dila l'assec	·[_ 0200	<u>'</u>		
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co s of the lim	tered office and the mpany, it is hereby o ited liability compar	business office of the registered confirmed that the change(s)	
-	Matthew Wortaszek		Matthew Wo	ojtaszek	
S:gna	ture of a member or authorized representative of a member		Print∞i oi	r typed name of signee	
provisi the obl to meri	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act te performe ded for in (I hereby co	in this capacity. I fi unce of my duties, ar hapter 605, F.S. Oi onfirm that the limite	urther agree to comply with the nd I am Jamiliar with and accept r, if this document is being filed ad liability company has been	
		Radecki	, Assistant Secr	etary on	
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.				ervices, Inc.	

INHS18 (2/14)

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