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

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July 17th, 2024

By FedEx:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL
32303

Re: Statement of Change of Registered Office or Registered Agent or Both for LLC Swyfft, LLC.

Dear Sir/Madam:

Please find the Statement of Change of Registered Office or Registered Agent or Both for LLC, Power of Attorney, payable check, and stamped return envelope, included herein.

Please forward any questions in connection with this filing to 3H Corporate Services, LLC, 36 Long Alley, Saratoga Springs, New York, 12866 Attn: Matthew Benware, or via email to matthew.benware@3hes.com. Please do not hesitate to contact me at (518) 583-0639 Ext. 128 if you have any questions.

- Deruuce

Best Regards,

Matthew Benware

Corporate Compliance Paralegal

Phone: 518.583.0639

Email: inquiry@3hcs.com

Fax: 718.228.2501

COVER LETTER

Division of Corporations	
Swyfft, LLC SUBJECT:	
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Matthew Benware	
Name of Person	
3H Corporate Services, LLC	
Firm/Company	
36 Long Alley	
Address	
Saratoga Springs, NY 12866	
City/State and Zip Code	
sosfilings@3hcs.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Matthew Benware at	518 583-0639 ext. 128
Name of Person	() Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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.

I. N	lame of the limited liability company: Swyfft, LLC					
2. (a)			(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited lin	ability co	mpany:
	350 Mount Kemble Ave.		350 Moun	nt Kemble Ave,		
	Morristown, NJ 07960-6646	_	Morristow	vn, NJ 07960-6646	_	
	04/15/2024		M2400000-	4 799		
3.	Date of filing/registration in Florida	4.		Document number	_	
5. (a	REGISTERED AGENT SOLUTIONS, INC.					
J. (a	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of Sta	 ite:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u> </u>	_		
	2894 REMINGTON GREEN LN., STE. A			7. 28		
	TALLAHASSEE, F	L_32308		L AH	2024 JUL 19	#
(b)	3H Agent Services, Inc.			ÄLLAHÄSSE		Γ.
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	EE, FLORIDA	PH 1: 05	<u>. </u>
				083	-: 0	
	NEW Registered Office Address:			- DX	Ω	
	2114 NW 40th Terrace, Suite D2			_		
	Gainesville , Fl	L				
chang agent was/w	limited liability company is not organized under the la ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the registeriability of the l	he State of Flered office ar company, it is imited liabili	nd the business office of is hereby confirmed that ty company or as otherw	the regi	istered inge(s)
	1-11	K	evin Kennedy			
-	atule of a member of authorized representative of a member		. ,	Printed or typed name of si	•	
provis the ob to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in triving of this change.	ree to a perfor ed for in hereby	ict in this cap mance of my a Chapter 60, confirm that	pacity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply r with a sent is b spany ho	y with the and accept eing filed as been
Sie	ure of Regispage Agent					
oikiidi		n				
	Division of Corporations P.O. FILING I			issee, FL 32314		

SWYFFT, LLC REVOCABLE POWER OF ATTORNEY

Swyfft, LLC (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell T. Belch, Esq., Kevin Kennedy, and Michele Patton, Esq. of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes and Member and Manager changes that must be filed by the Company with the Secretary of State, Department of Insurance, and/or Department of Taxation (or analogous state offices thereof) of any jurisdiction in which the Company is authorized to do business, provided that Messrs, Harker, Belch, Kennedy, and Ms. Patton of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: 7/8/2024

Name: Richard Trezza

Title: Co-CEO

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