

(((H20000327142 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	. Address:	
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REGISTERED AGENT CHANGE SWEETWATER INVESTMENTS, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

SWEETWATER INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER: P03000107053

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

vame of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	

For further information concerning this matter, please call:

Mary Castillo
Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60% nge is submitted for a col r to change its registered	rporation organiz	ed under the la	ws of the State of _	Florida		
2. The principal	he corporation: SWEI office address: 3005 I, TX 78704				IC.		
	ddress (if different):						
4. Date of incor	poration/qualification: 9	/30/2003	Document	_{number:} <u>P0300</u>	00107053		
	I street address of the curn timent of State: (If resigne			ed office on file wit	th the		
	JODI CHEM	IES CPA	PLLC		s 2		
	5020 15TH AVE N				020 SI ECAL		
	ST PETERSBURG	,	FL	33710	1020 SEP 21 SECRUTARY		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.							
	Registered A	gent Solu	tions, Inc) .	· H #		
	155 Office Pl		Suite A	1			
	Tallahassee	P.O. Box	NOT acceptable . 323()1			
The street addre	ess of its registered office be identical.	e and the street a	ddress of the bu	siness office of its	s registered agent,		
Such change wa authorized by th	is authorized by resolutions board, or the corporation	on duly adopted l on has been noti	by its board of a field in writing a	directors or by an of the change.	officer so		
	e of an officer or director	· · · · · · · · · · · · · · · · · · ·		ied or lyped name and tit			
l hereby accept l further agree t of my duties, an document is bei corporation has	the appointment as regis to comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and sions of all statut accept the oblig a change in the of this change.	agree to act in es relative to th ation of my pos registered offic	this capacity, se proper and com sition as registered e address, I hereb	plete performance I agent. Or, if this y confirm that the		
Hode	autife of Registered Agent		09/19/20				
•	half of an entity:			Date			
Mackenzie Hart,	Assistant Secretary						
Typed or Printed Name							
* * * FILING FEE: \$35.00 * * *							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)