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(((H22000270309 3)))



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Account Number : 075410002172 Phone : (239)344-1100

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Email Address: hfra@henlaw.com

REGISTERED AGENT CHANGE THE LAW OFFICE OF SWFL, PA

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Aug. 10. 2022 12:06PM

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Flor Change is submitted for a corporation organized under the laws of the State	
	rder to change its registered office or registered agent, or both, in the State	
1. The name o	of the corporation: The Law Office of SWFL, PA	
	pal office address: 9990 Coconut Rd, STE 227, Bonita Springs, FL 34135	
2 The malling	and course a	
	g address (if different):	10064717
		·
5. The name as Florida Department	and street address of the ourrent registered agent and registered office on file partment of State: (If resigned, enter resigned)	with the
	Shawn Soliger	
	9990 Caconut Rd, STE 227	2022 A. S 1 1
	Bonita Springs, FL 34135	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and for registered:	
	HP Registered Agents, LLC	<u> </u>
	1715 Monroe Street	_ , 4
	P.O. Bux NOT acceptable	_
	Fort Myers, FL 33901	
	ress of its registered office and the street address of the business office of be identical.  (as authorized by resolution duly adopted by its board of directors or by a lie board, or the corporation has been notified in writing of the change.	
form.	Shawa Selforr	PRESIDENT
~	are of an officer of director Printed or typed name and	TRIG
hereby accept further agree t of my duties, and locument is beli corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and could I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	inplete performance of agent. Or, if this oby confirm that the
Sign	August 10, 2022  Patiere of Registered Agent Date	
′ Esigning on bet	half of an entity:	
	oll, Vice President	
Ту	oped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (04/13)