P11000107570

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000330889490

06/24/19--01017--002 → +35.0



nr. 2 sau

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SHERWOOD CROUP, INC
DOCUMENT NUMBER: Plane of Corporation Plane of Corp
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:
JOHN DE GENOLAMO, ESS. Name of Contact Person
In LAW WE TRUST, P.A.
1005 N. MARION ST. Address
TAMPA FC 33602 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS (RUXOW at (727) 385-7085 Name of Contact Person 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

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>SHERWOOD</u> GROUP, TWC.
2. The principal office address: 323 300 AUE. SW
LARGO, FL 33770
3. The mailing address (if different): BX 7803
SEMINOCE, FC 3377)
4. Date of incorporation/qualification: 01/01/12 Document number 1/100/07570
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
HUNTER BUSTNESS LAW
119 S. DAROTA AUENUE
TAMPA, FL 33606 PEG 3
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):
MACS 1) MACTON ST PEN N
P.O. Box NOT acceptable
TAMPA , PC 33602
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of mother or director Thomas Cruxon - Pre! Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Keglitered Agent Date
If signing on behalf of an entity:
THE DELANT ESG FIR To LANGE TROST, P.A. Typed or Printed Name

* * * FILING FEE: \$35.00 * * *