P12000 104190

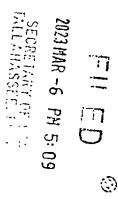
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Blue Stay Homes Name of Corporation
DOCUMENT NUMBER: P12000104190
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:
Eurl Lawrence Name of Contact Person
Firm/Company 1020 5 21 ave Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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

CR2E045 (04/13)

Street Address:

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: SW SW HOMES III
2. The principal office address: 1322 MUNISON ST HOLLY WOOD F1 33019
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/27/2012 Document number: 12000 104 190
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)
Earl cawrence
600 ne voue Unit 8
FORT LUNGERCHIE FI 35304 = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fall Lawrence 50 2 =
1027 S 21St AVE
HOLLYWOOD P.O. Box NOT acceptable STODO &
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 an officer or director Finited or typed harme 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.
2/24/2023
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (04/13)