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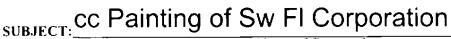
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COVER LETTER

TO:

Amendment Section Division of Corporations



Name of Corporation

DOCUMENT NUMBER:

P17000024177

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:

Arturo Rives

Name of Contact Person

Cc painting of Sw FI Corporation

Firm/Company

3541 19 Th Ave Sw

Addres

Naples, Fl 34117.

City/State and Zip Code

arturorives1981@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arturo Rives

,239

398-4205

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

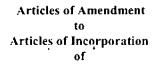
Tallahassee, FL 32314

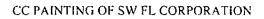
Street Address:

Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301





P17000024177 (Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "compant "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A profit word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NAPLES	The new essional corporation name must contain the
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(Principal office address MUST RE A STREET ADDRESS)	21. 24117
	71. 34117
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3541 19TH	HAVESW
NAPLES I	FL 34117
D. If amending the registered agent and/or registered office address in Florid	a, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LISANDRA BOUZA	2046 43RD LN SW
Add X Remove			NAPLES FL 34116
2) Change	P	ARTURO RIVES	3541 19TH AVE SW
XAdd			NAPLES FL 34117
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

: If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
I/A	•	·		
				
		-		
				
		 .		
				
				
-				
If an amendment provides for an exch	ange, reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the amer	ndment if not conta	ined in the amendr	nent itself:	
(if not applicable, indicate N/A)				
'A		·		
				 -
				<u> </u>

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/06/2019	
Dated	
Signature	
Signature	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
· // · · · · · · · · · · · · · · · · ·	
Lisada Bostza	
(Title of person signing)	