P18000046125

(Requestor's Name)
(Address)
(13333)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500371631985

08/19/21--01014--011 **35.00



A. BUHER 8/30/21

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SWFL PLIFO INC Name of Corporation
DOCUMENT NUMBER: 9 180000 46125
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:
AL Mueller Name of Contact Person 5WFL Pipo INC Firm/Company 12090 Metro Pinkivay Address Fort Myers FL 33966 City/State and Zip Code almueller & Creative events I. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 229-6582 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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.
2021 AHC 10 DM 2. 57
1. The name of the corporation: SWFL Pyro Inc. 2. The principal office address: 12090 Metro Parks 155 F. STATE
2. The principal office address: 12090 Metro Parketter WF STATE Fort Myers FL 33966
3. The mailing address (if different): 5ame
4. Date of incorporation/qualification: 5/18/2018 Document number: P1800004612
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)
Lucas Law Firm
17833 murdack Cir #B
Port Charlotte FL 33948
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
al mueller
12090 Metro Parkicicy P.O. Box NOT acceptable Fort Myers 71 33966
Fort Myers 71 33966
The street address of its registered office and the street address of the business office of its registered agen 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 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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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 Registered Agent Blic Date
Signature of Registered Agent Date
If signing on behalf of an entity:
SWFL PURO INC Typed or Pfinted 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