

P210000105279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

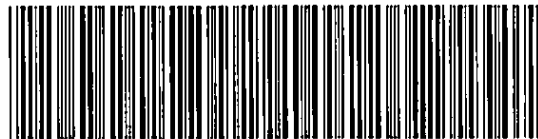
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TALLAHASSEE, FL

09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SWORDFISH TWO INC  
Name of Corporation

**DOCUMENT NUMBER:** P21000105279

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:

BRANDON N. SOLOMON

Name of Contact Person

SWORDFISH TWO INC

Firm/Company

245 9TH STREET

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

BRANDON.SOLOMON@ELLIMAN.COM

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

For further information concerning this matter, please call:

BRANDON N. SOLOMON

Name of Contact Person

at (304) 276-6209

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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SWORDFISH TWO INC
2. The principal office address: 245 9TH STREET  
WEST PALM BEACH, FL 33401
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12/17/2021 Document number: P21000105279
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)

JOHN W BOYER

3300 PGA BLVD

PALM BEACH GARDENS, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRANDON N. SOLOMON

245 9TH STREET

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33401

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

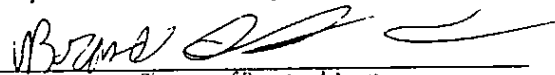
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JOHN W BOYER

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 Registered Agent

1/1/2022

Date

If signing on behalf of an entity:

BRANDON N. SOLOMON

Typed or Printed 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  
CR2E045 (04/13)

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