

F04000002131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

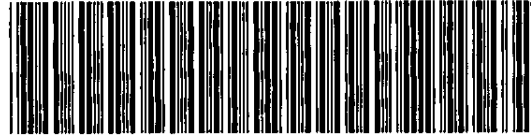
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/14--01061--013 **380.00

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14 FEB 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FFR 19 2014
C. CARROTHERS

Swap Shop
3291 West Sunrise Boulevard
Fort Lauderdale, FL 33311
(954)792-7963

February 12, 2014

Amendment Section
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Registered Agent Changes

Dear Sir/Madam,

Enclosed please find Statement of Change of Registered Office and Registered Agent for the following corporations and limited liability companies:

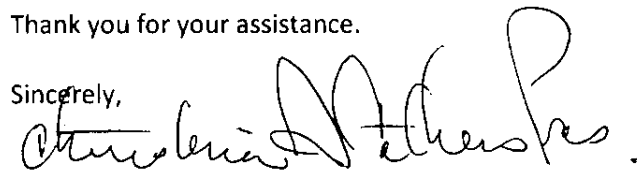
Corporations - Swap Shop, Inc., 3291 Sunrise Investments, Inc., Swap Shop Dealership, Inc., Florida Drive-In Theatre Management, Inc., Lake Shore Swap & Motel, Inc., Lake Worth Drive-In Theatre & Swap Shop, Inc., Funlan Theatres & Swap Shop, Inc., and 3290 Sunrise Investments, Inc.

Limited Liability Companies – Henn Leasing, LLC, Gulfstream 650, LLC, 650 Gulfstream Charter, LLC and Swap Shop Management, L.L.C.

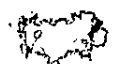
Check number 12039, in the amount of \$380 is also enclosed for the fee for all entities.

Thank you for your assistance.

Sincerely,



Christina A. Cathers, President



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWAP SHOP, INC.

Name of Corporation

DOCUMENT NUMBER: 04000002131

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:

PRESTON B. HENN

Name of Contact Person

SWAP SHOP, INC.

Firm/Company

3291 W. SUNRISE BOULEVARD

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

diane@floridaswapshop.com

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

For further information concerning this matter, please call:

ASHLYN BERNSTEIN

Name of Contact Person

at (**954**) **792-7963**

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

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

1. The name of the corporation: SWAP SHOP, INC.
2. The principal office address: 3291 W. SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33311
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 04/16/2004 Document number: 04000002131
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)

RUTH MCPHEE

2302 E. HILLSBOROUGH AVENUE

TAMPA, FL 33610

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

TONEY D. MAY

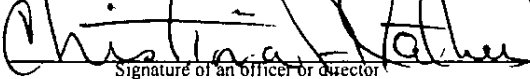
3438 LAKE WORTH ROAD

P.O. Box NOT acceptable

LAKE WORTH, FL 33461

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

CHRISTINA A. CATHERS, PRESIDENT

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

2-12-14

Date

If signing on behalf of an entity:

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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA