Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used torifu annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE SWETT & CRAWFORD OF GEORGIA, INC.

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Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations			
QTTD T	SWETT & CRAWFORD OF GEORGIA, IN	c.		
SUBU	Name of (Corporation		
DOC	F07000006125 UMENT NUMBER:			
The er	nclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
	return all correspondence concerning this matt			
	Name of Contact Person			
	Firm/C	Company		
	•			
		dress		
	Add	uress		
	City/State a	ind Zip Code		
	E-mail address: (to be used for	future annual report notification)		
	•			
For fin	ther information concerning this matter, please	call:		
7 07 101	and manimum concounting and manes, presse	V		
		at (
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclos	ed is a \$35.00 check made payable to the Depar	rtment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporation org	0502, 607,1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delawate sistered agent, or both, in the State of Florida.	
	the corporation: SWETT & CRAWFOR		
	,		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 12/14/2007	Document number: F07000006125	
	d street address of the current registered artment of State: (If resigned, enter resigned,	d agent and registered office on file with the	
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREETTALLAHASSEE,	FL 32301	
		W.	
6. The name and (if changed):		gent (if changed) and /or registered office	
	C T Corporation System		و الماريخ الماريخ المعاديخ
	c/o C T Corporation System, 1200 South	Pinc Island Road	
	P.O. Box NO Plantation, Florida 33324	OT acceptable	
The street address changed will	ess of its registered office and the stree	et address of the business office of its registered agent	
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
The	au grea	Maria Ozaeta, Vice President	
~	ire of an officer or director	Printed or typed name and titls	
performance of	my duties and Lam familiar with and	nd agree to act in this capacity. stutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.	
By: C Tron	poration System	5/18/2016	
	half of an entity red Younan Assistant Secreta	Date	
7.	med on Drived Name		

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)