

F100000003108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

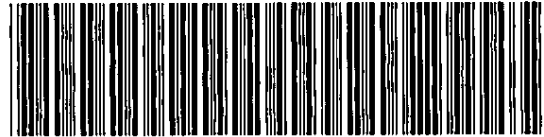
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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2013 APR 11 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
4/18/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Swaggart Brothers, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000003108

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:

Amber Henderson
Name of Contact Person

Swaggart Brothers, Inc.
Firm/Company

PO Box 49
Address

Hermiston, OR 97038
City/State and Zip Code

Amber@swaggartbrothers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Henderson at (541) 564-9000
Name of Contact Person 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 Oregon in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Swaggart Brothers, Inc.
2. The principal office address: 31989 FEEDVILLE RD., STANFIELD, OR 97875
3. The mailing address (if different): P.O. BOX 49, HERMISTION, OR 97838
4. Date of incorporation/qualification: 07/06/2010 Document number: F10000003108
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)
Hubco Registered Agent Services, Inc.
155 Office Plaza Dr., 1st Floor
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

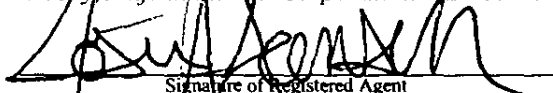
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Swaggart 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

March 27, 2013

Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of Incorp Services, Inc.
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)