F10000003108

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000125025 3)))

H13000125025 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
13 JUN -5 AM 6:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Email Address: _____

RECEIVED
13 JUN -5 AM 8:06
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
SWAGGART BROTHERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

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

P.O. BOX 49
Address

HERMISTON, OR 97838
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:

Rebecca Bahr at (877) 467-3525
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

CR2E045 (03/12)

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 FREDVILLE RD.
STANFIELD, OR 97875

3. The mailing address (if different): P.O. BOX 49
HERMISTON, OR 97838

4. Date of incorporation/qualification: 07/06/2010 Document number: P10000003108

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

FILED
13 JUN -5 AM 4:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Katey Judd
Signature of an officer or director

Katey Judd-Secretary
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.

By: C T Corporation System
Katey Judd
Signature of Registered Agent

06/04/2013
Date

If signing on behalf of an entity:

Katey Judd-Asst. Secretary
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)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT SWAGGART BROTHERS, INC. a Corporation incorporated under the laws of the state of Oregon, does hereby appoint Katey Judd and Mark Williams, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Katey Judd and Mark Williams shall exercise the power of President, Vice President, Secretary, or Treasurer.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 3rd day of June, 2013.

SWAGGART BROTHERS, INC.
An Oregon Corporation

By: _____
Name: John Swaggart
Title: Vice President

State of Oregon
County of Umatilla

On June 3, 2013, before me, the undersigned, a Notary Public in and for said State, personally appeared John Swaggart, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

_____
Amber Henderson, Notary Public

OFFICIAL SEAL
AMBER K HENDERSON
NOTARY PUBLIC-OREGON
COMMISSION NO. 469469
MY COMMISSION EXPIRES JUNE 24, 2016