

F10000005332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

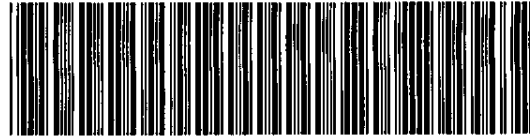
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 09 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWENCO INC.
Name of Corporation

DOCUMENT NUMBER: F10000005332

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:

RM Tomasino
Name of Contact Person

Swenco Inc.
Firm/Company

PO Box 3042
Address

St. Augustine, FL 32085
City/State and Zip Code

accounting@posi-products.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Tomasino at 800-785-2330 ext703
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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SWENCO INC.
2. The principal office address: 2501 Merva Rd,
Poplar Bluff, MO 63901
3. The mailing address (if different): PO Box 3042
St. Augustine, FL 32305
4. Date of incorporation/qualification: 12/06/2010 Document number: F10000005332

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)

TOMASINO, RM

5032 Capital Circle Sw Suite 2-200

Tallahassee, FL 32305

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

InCorp Services, Inc.

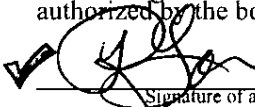
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

R.M. Tomasino - Corp. Sec

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

February 1, 2012

Date

If signing on behalf of an entity:

Liset Robles 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 (8/05)

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