

F15000002680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

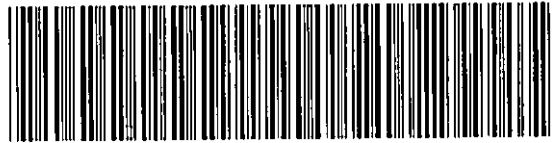
(Document Number)

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01/26/25--01001--003 \*\*43.75

2023 JAN 25 PM 12:40

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** CLIFFCO, INC.

Name of Corporation

**DOCUMENT NUMBER:** F15000002680

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDA NELSON

Name of Contact Person

CLIFFCO, INC.

Firm/Company

70 CHARLES LINDBERGH BLVD. #200

Address

UNIONDALE, NY 11553

City/State and Zip Code

inelson@cliffcomortgage.com

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

For further information concerning this matter, please call:

IDA NELSON

at ( 516 ) 874-6490

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F15000002680

(Document number of corporation (if known))

1. CLIFFCO, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. NEW YORK 3. 6-19-2015  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1-23-23
5. SWISH CAPITAL INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

PERPETUAL

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent NRAI SERVICES INC  
1200 SOUTH PIND ISLAND RD, FL 33324  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Denise Bell

Signature of New Registered Agent, if changing

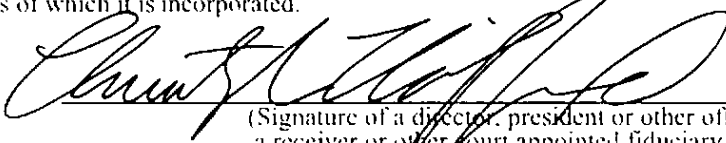
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

CHRISTOPHER CLIFFORD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35.00

**NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
ASSUMED NAME FILING RECEIPT**

**ENTITY NAME :** CLIFFCO, INC.  
**DOCUMENT TYPE :** CERTIFICATE OF ASSUMED NAME

**DOS ID NUMBER :** 1370322  
**ENTITY TYPE :** DOMESTIC BUSINESS CORPORATION  
**ASSUMED NAME :** SWISH CAPITAL  
**ASSUMED NAME ID NUMBER :** 6706930  
**FILE DATE :** 01/23/2023  
**FILE NUMBER :** 230124001834  
**TRANSACTION NUMBER :** 202301230001881-1632295



**FILER :** HUBCO INCORPORATION SERVICES  
238 WEST JERICHO TURNPIKE  
HUNTINGTON STATION, NY, 11746, USA  
**SERVICE COMPANY :** HUBCO  
**SERVICE COMPANY ACCOUNT :** 29

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*You may verify this document online at :* <http://ecorp.dos.ny.gov>

**AUTHENTICATION NUMBER :** 100002854197

<b>TOTAL FEES:</b>	<b>\$75.00</b>	<b>TOTAL PAYMENTS RECEIVED:</b>	<b>\$75.00</b>
<b>FILING FEE (Includes County Fees):</b>	<b>\$50.00</b>	<b>CASH:</b>	<b>\$0.00</b>
<b>CERTIFICATE OF STATUS:</b>	<b>\$0.00</b>	<b>CHECK/MONEY ORDER:</b>	<b>\$0.00</b>
<b>CERTIFIED COPY:</b>	<b>\$0.00</b>	<b>CREDIT CARD:</b>	<b>\$0.00</b>
<b>COPY REQUEST:</b>	<b>\$0.00</b>	<b>DRAWDOWN ACCOUNT:</b>	<b>\$75.00</b>
<b>EXPEDITED HANDLING:</b>	<b>\$25.00</b>	<b>REFUND DUE:</b>	<b>\$0.00</b>