## L05000054690

(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
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DIVIJION OF CORFORATIONS
TALLAHASSEE, FLORIDA

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COVER	LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Golden Swan (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Trumon B Harrell (Name of Person)	<u></u>
Golden Swan Coron (Firm/Company)	P 2005 DEC
7016 Bendelow (Address)	Ox ASSEE, F
Lakeland FL 33 (City/State and Zip Code)	8/0 RALIUS ORBANIS
For further information concerning this matter, please	se call:
Truman Harrell at (S) (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	ınt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



December 21, 2005

TRUMAN B. HARRELL GLODEN SWAN GROUP LLC 7016 BENDELOW DR LAKELAND, FL 33810

SUBJECT: GOLDEN SWAN GROUP LLC

Ref. Number: L05000054690

We have received your document for GOLDEN SWAN GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00072967

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Colden Swan Corosp LLC
2. The mailing address of the limited liability company is: 70/6 Bandelow D.
Lakeland FL 33810
6/3/05 60500054690
3. Date of filing/fegistration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Business Filings Inc.
6. The name and address of the new registered agent and/or office:  Truman Harrelf  Name  7010 Bendelow Or  Florida street address (P.O. Box NOT acceptable)  Lakeland FL 33810  City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Trumen B Hawelf

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00