

LO80000 60072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

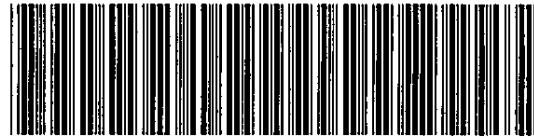
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2008

S.W.E.N. ENTERPRISES, LLC  
157 NANDINA TERRACE  
WINTER SPRINGS, FL 32708

SUBJECT: S.W.E.N. ENTERPRISES, LLC  
Ref. Number: L08000060072

We have received your document for S.W.E.N. ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

your document that you are trying to file shows no changes to what we already have on file on our data base.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 108A00051249

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S.W.E.N. ENTERPRISES, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

375 N. Stephanie St., Suite 1411

(Address)

Henderson, NV 89014-8909

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Null at (702) 866-2500 ext. 2027  
(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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: S.W.E.N. ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 157 NANDINA TERRACE  
WINTER SPRINGS FL 32708  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 157 NANDINA TERRACE  
WINTER SPRINGS FL 32708  
**(Note: MAY BE POST OFFICE BOX)**

06/18/2008

L08000060072

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: INCorp SERVICES, INC

Registered Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE FL 33470 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Incorp Services, Inc.

**NEW Registered Office Address:** 17888 67th Court North

**(MUST BE FLORIDA STREET ADDRESS)** Loxahatchee, FL 33470

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

SAMIE MARLETT  
(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]  
(Signature of Registered Agent)  
Incorp Services, Inc.

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

FILING FEE: \$25.00