## #L10000065792

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificate	s of Status	
Special Instructions to Filing Officer:		
	ress)  /State/Zip/Phon  WAIT  iness Entity National Number (Certificate)	





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K. SALY EXAMINER MAY 23 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
21 Month of Corporations	
SUBJECT: SwiftSure Realty LLC	
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Kelly Kumbera	
Name of Person	
SwiftSure Inc.	
Firm/Company	
PO Box 17449  Address	<del></del>
Address	
Clearwater, FL 33762	
City/State and Zip Code	<del></del>
Kelly@swiftsureinc.com  E-mail address: (to be used for future annual report notification	
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please	se call:
Kelly Kumbera at (	800 ) 991-3188
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amou	int:
\$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:	SwiftSure Realty LLC
2. (a) Principal office address of limited liability compar	y:
(Note: MUST BE STREET ADDRESS)	13575 58th Street N, Suite 151 Clearwater, FL 33760
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	PO Box 17449 Clearwater, FL 33762
June 21, 2010	L10000065792
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:	SwiftSure Inc.
Registered Office Address:	- F. S. F.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address:  SwiftSure Inc by Kelly E. Kumbera, Pres  13575 58th Street N
(MUST BE FLORIDA STREET ADDRESS)	Suite 151 Clearwater ,FL33760
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	laws of the State of Florida, it is hereby Florida street address of the registered office
Signature of a member or authorized representative of a member	
Relly E. Kumbera  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	—  agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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