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(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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K.SALY EXAMINER SEP 11 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:S	Swift Creative LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
· Anthony S Martin		
Name of Person		
Swift Creative LLC		
Firm/Company		
6140 ASHFIELD PLACE		
Address		
WESLEY CHAPEL, FL 3354	l <u>5</u>	
City/State and Zip Code		
swiftcreative10@gmail.com E-mail address: (to be used for future annual report n	1 totification)	
For further information concerning this matt	er, please call:	
Anthony S Martin	_ at (<u>813</u>) <u>244-6388</u>	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng 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:	SWIFT CREATIVE LLC	
2. (a) Principal office address of limited liability company	y: 6140 ASHFIELD PLACE	
(Note: MUST BE STREET ADDRESS)	WESLEY CHAPEL, FL 33545	
(b) Mailing address of limited liability company:	6140 ASHFIELD PLACE	
(Note: MAY BE POST OFFICE BOX)	WESLEY CHAPEL, FL 33545	
10/25/2010	L10000111057	
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:	ANTHONY MARTIN	
Registered Office Address:	6140 ASHFIELD PLACE	
	WESLEY CHAPEL, FL 33545	
(b) Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:	
If the limited liability company is not organized under the laws of the State of Florida, it is nearby 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 of authorized representative of a member		
TELAP TAN 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	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company Signature of Registered Agent	roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.	

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