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SECRETARY OF STATE FALL AHASSIE, FLORID.

MAR 23 2017 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Swirling Encepted 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:		
Ilona Anderson (Name of Person)		
Swilling Energies, LC		
6600 mahi Dr. (Address)		
Corol bobles FL 33158 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tlona Anderson at (305) 968-2640 (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 & 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: Swie	ling Energies, LC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 6600 Mahi De. Corre bobles, FC 33/58	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	MORPH SORBLES, FL 33158	
2/26/2017 3. Date of filing/registration in Florida		
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	United States Coscopeation	
Registered Office Address:	Orgents, Inc. 13302 Winding OAK Court, Ste. A TOMPA, FL 330612	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Ilona D. Anderson	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6600 MANI Do. CORPH MOBILS ,FL 33158	
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)	7 MAR	
Ilona D. Anderson	ASS.	
(Printed or typed name of signee)	north and the second	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the finited liability company has been notified	pree to act in this capacity. I further agree to and I per and complete performance of my duties, and I per as registered agent as provided for in Chapter 608, hange in the registered office address, Phereby in writing of this change.	
(Signature of Registered Agent)		

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