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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section

TO:

. Divi	ision of Corporations						
SUBJECT:	MODERNSWAP LLC						
SUBJECT.	Name of Limited Liability Company						
Dear Sir or I	Madam:						
The enclosed	d Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.				
Please return	n all correspondence concerning th	nis matter to the fo	ollowing:				
JAMES E	ISBELL JR						
	Name of Person		_				
MODERN	SWAP LLC						
	Firm/Company		_				
2771-29 M	MONUMENT ROAD #325						
	Address	<del></del>	-				
JACKSON	IVILLE, FL 32225						
	City/State and Zip Code		<del></del>				
MODERN	SWAP@GMAIL.COM						
E-mail	address: (to be used for future and	nual report notific	eation)				
For further i	nformation concerning this matter	, please call:					
JAMES IS	BELL Jr.	501	749-2282				
	Name of Person	<b>~~</b> (	Area Code & Daytime Telephone Number				
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314				
Enc	losed is a check for the following	g amount:					
☑ \$	25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy				
INHS18 (2/14	4)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: MODERNSV	VAP LL	.C		
2. (a)	2771-29 MONUMENT ROAD #325		<sub>b)</sub> 2771-29	MONUMENT ROA	D #325
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  JACKSONVILLE, FL 32225	<del></del>	М	lailing address of limited liab (Note: MAY BE POST OF NVILLE, FL 32225	
	10/31/2017	<del></del>	L17000225	<u>,,</u> , ,,, ,,, ,,	
3.	Date of filing/registration in Florida KENYADA L. ISBELL	4.	I	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 2771-29 MONUMENT ROAD #325  Registered Office Address (MUST BE FLORIDA STREET)	·		17 NOV 13 SEGRETAR)	
	JACKSONVILLE , FI	3222!	5	SEE. J	ω
(b)	JAMES E. ISBELL JC			FLOR	7 80
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		<b>@9</b> .
	2771-29 MONUMENT ROAD #325				
	NEW Registered Office Address:				
	JACKSONVILLE , FI	3222	5		
the cha agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	f the regiability of the limited	istered office company, it is mited liability liability comp ENYADA L.	and the business office hereby confirmed that company or as otherwipany. ISBELL Printed or typed name of sign	of the registered the change(s) ise provided in
provice the op- to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of any position as registered agent as provide ely reflect h change in the registered office address, I d in writing of this change.	ree to a e perfori ed for in hereby	ct in this capa nance of my di Chapter 605, confirm that th	city. I further agree to luties, and I am familian F.S. Or, if this docum he limited liability com	comply with the r with and accept ent is being filed pany has been
Signate	ire of Registered Agent				
- [	Division of Corporations B.O.	Day (**	7 Tan-L	El 22214	