

PD1000057652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

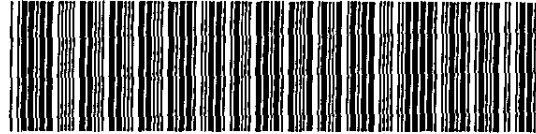
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300041805993

10/25/04--01020--011 **35.00

Special Instructions to Filing Officer:

Cesar Sogbe
advised to change
address to reflect
our records. @

Office Use Only

Rd change
@ 11/3/04

FILED
04 OCT 25 PM 4:05
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Swampmix, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000057652

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina Sogbe
(Name of person)

Swampmix, Inc.
(Name of firm/company)

6800 SW 40 Street, Suite 199
(Address)

Miami FL 33155
(City/state and zip code)

For further information concerning this matter, please call:

Sabrina Sogbe at 386, 295-9463
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Swampmix, Inc.
2. The principal office address: 1200 Collins Avenue, Miami Beach, FL 33139
3. The mailing address (if different): 6800 SW 40th Street, Suite 199
MIAMI, FL 33155
4. Date of incorporation/qualification: 6/11/02 Document number: P01000057652
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sabrina Sogbe %0 South Beach Studios
1200 Collins Ave
Miami Beach, FL 33139

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Sabrina Sogbe
6800 SW 40th Street, Suite 199
(P.O. Box or personal mailbox NOT acceptable)
MIAMI FL 33155

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DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Sabrina Sogbe VP
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

10/20/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314