· P0200033919

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800077532728

07/17/06--01020--024 **35.00

06 JUL 17 AM 9: 35
SECRETARY OF STATE

ORNINOS ORNINOS

COVER LETTER

TO: Amer Divis	ndment Section tion of Corporations						
SUBJECT:	SWEZY FAMILY INVESTMENTS, INC.						
~~~~	(Name of Corporation)						
DOCUMEN	T NUMBER: P02000033919						
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:						
	RUBY S. SWEZY						
	(Name of Contact Person)						
	SWEZY REALTY, INC.						
	(Firm/Company)						
168 HIALEAH DRIVE (Address)							
HIALEAH, FLORIDA 33010 (City/State and Zip Code)							
Day further in	· · · · · · · · · · · · · · · · · · ·						
POI IMMICI III	formation concerning this matter, please call:						
RUBY S.	SWEZY at (305) 885-8397  (Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

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

statement of char	provisions of sections 607.050; nge is submitted for a corpora to change its registered offici	tion organized w	nder the laws of th	e State of	lorida_	- <u>-</u> -
1. The name of the	ne corporation: SWEZY	FAMILY IN	VESTMENTS,	INC.	<del></del> _	
2. The principal	office address: <u>168_HIA</u>	LEAH DRIV	E			
<del></del>	HIALEAP	I, FLORIDA	33010			
3. The mailing ac	ddress (if different):SAME	<u> </u>	*	·	• • •	<del></del> -
4. Date of incorp	oration/qualification: 3/2	8/2002	Document number	: P02000	033919	
	street address of the current re ment of State:	egistered agent a	nd registered offic	e on file with the	he	
	B & C CORPORATONE BISCAYNE TO SOUTH BISCAY MIAMI, FLORIDA	OWER, 21s		<del></del>	O6 JUL 17 SECRETAR FALLAHASS	
6. The name and (if changed):	street address of the new regis	<del></del> .	nanged) and /or re	gistered office	AM 9: 35 Y OF STATE EE, FI ORID	MO
	RUBY S. SWEZY  168 HIALEAH DE	) TUE	providence and the		<b>&gt;</b> ∵.	
		OT acceptable)	<del></del>			
	HIALEAH, FLORI	DA 33010	  - <del> </del>	<del></del>		
The street addre	ss of its registered office and be identical.	the street addre	ss of the business	office of its re	egistered age	mt,
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	ily adopted by it as been notified	s board of directo in writing of the	ors or by an of change.	ficer so	
Cytenatu	re or fan ornice or unterior y	B	UBY S SWE	ZY 1 DTR ped name and fille,	ECTOR	_
I hereby accept, I further agree to finy duties, and document is being corporation has	the appointment as registered o comply with the provisions of I am familiar with and according filed merely to reflect a ch been notified in writing of the	d agent and agr of all statutes re ept the obligatio ange in the regi iis change.	ee to act in this co clative to the prop n of my position o stered office add	apacity. per and compl as registered a ress, I hereby o	ete performa gent. Or, if confirm that	nce this the
	le Swin		7-	12-00		
- / -	nathe of Registered Agerhy half of an entity:		· · · · · · · · · · · · · · · · · · ·	Date)		<del>-</del>
(T	yped or Printed Name)	<del></del>	· **			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)