

PO20000065079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

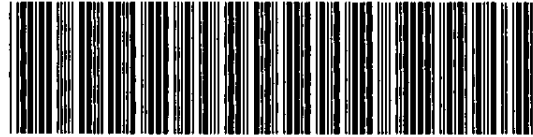
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238747923

08/22/12--01012--008 **35.00

LA Kory

FILED
12 SEP 24 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2012

MSW CONSULTING, INC.
4462 FAIRWAY OAKS DR
MULBERRY, FL 33860

SUBJECT: MSW CONSULTING, INC.
Ref. Number: P02000065079

We have received your document for MSW CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Robert F. MCKeown must sign document below in the space for signature of registered agent accepting appointment

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 512A00021704

RECEIVED
12 SEP 24 AM 9:46
DIVISION OF CORPORATIONS
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MSW CONSULTING, INC.
2. The principal office address: 4462 Fairway Oaks Dr
MULBERRY FL 33860
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/12/2002 Document number: P02000065079
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resignation date) _____

Geoffrey C Vining
1611 Harden Blvd
Lakeland FL 33803

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

Robert F. McKeown
4462 Fairway Oaks Dr.
P.O. Box NOT acceptable
Mulberry, FL 33860

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.

R. F. McKeown Rob McKeown President
Signature of an officer or director 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.

R. F. McKeown 8/20/2012
Signature of Registered Agent Date

If signing on behalf of an entity:

Jacqui Voithofer
Typed or Printed Name

*** 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 (03/12)