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703000104801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

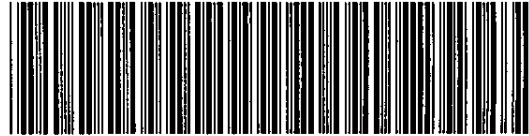
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 16 2014

C. CARROTHERS

2015 JUL 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWAP SHOP DEALERSHIP, INC.
Name of Corporation

DOCUMENT NUMBER: P03000104801

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:

BETTY D. HENN

Name of Contact Person

SWAP SHOP DEALERSHIP, INC.

Firm/Company

3291 W. SUNRISE BLVD.

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

joyce.stewart@stewart-cpaspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTY D. HENN

Name of Contact Person

at (954) 792-7963

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**

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: SWAP SHOP DEALERSHIP, INC
2. The principal office address: 3291 W. SUNRISE BLVD.
FORT LAUDERDALE, FL 33311
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/03 Document number: P03000104801
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 resigned)

ROGER ALLEN

3438 LAKE WORTH ROAD

LAKE WORTH, FL 33461

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

RUTH MCPHEE

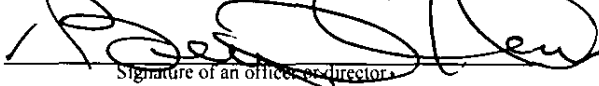
2303 E HILLSBOROUGH AVENUE

P.O. Box NOT acceptable

TAMPA, FL 33610

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

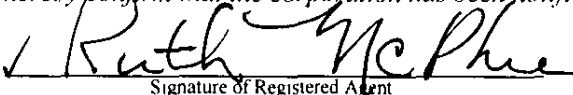
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

BETTY D. HENN, PRESIDENT

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 of Registered Agent

7/4/15
Date

If signing on behalf of an entity:

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)

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TALLAHASSEE FL 32314
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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