

PO5000166171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

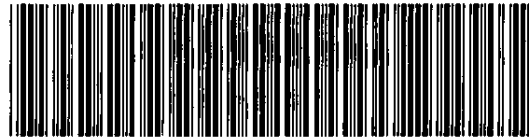
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100211806651

09/12/11--01012--018 **35.00

2011 SEP 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRA-AD
CROSS

9.13.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMW GeoSciences, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000166171

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:

Sarah M. Whitkaer
Name of Contact Person

SMW GeoSciences, Inc.
Firm/Company

668 N. Orlando Avenue, Suite 1009A
Address

Maitland, FL 32751
City/State and Zip Code

swhitaker@smwgeosciences.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah M. Whitaker at (407) 426-2836
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**

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: SMW GeoSciences, Inc.

2. The principal office address: 668 N. Orlando Avenue, Suite 1009A, Maitland, FL 32751

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/22/2005 Document number: P05000166171

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)

Sarah M. Whitaker

1411 Edgewater Drive, Suite 103

Orlando, FL 32804

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

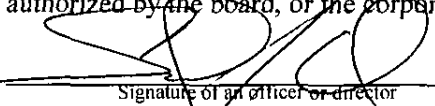
668 N. Orlando Avenue, Suite 1009A

P.O. Box NOT acceptable

Maitland, FL 32751

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

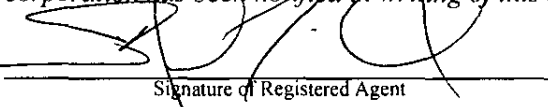
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Sarah M. Whitaker, 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

September 6, 2011

Date

If signing on behalf of an entity:

Sarah M. Whitaker

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