P6600069008

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hooper-Swift Publications Inc. Change (Name of Corporation)
DOCUMENT NUMBER: P0600069008
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:
(Name of Contact Person)
Haper-Swift Publications Inc. (Firm/Company)
2810 SE Dune Drive #1104 (Address)
Staf FL 34996 (City/State and Zip Code)
For further information concerning this matter, please call:
Slem R. Swift at (172) 323-6925 (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

•	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge 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 th	e corporation: Hosper-Swift Publications, Inc. ffice address: 2810 SE Dune Drive, #1104
2. The principal o	ffice address: 2810 SE Dune Drive, #1104
	Strack FL 34996
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: SIS 2006 Document number: PO60006900
	street address of the current registered agent and registered office on file with
Florida Departi	Glen R. Swift
-	370 NW Allce Ave # = 0
-	Strof, FL 34994
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
-	Glen R. Swiff
-	2810 SE Dune Drive # 1104
_	(P.O. Box NOT acceptable) Shund FL 34996
The street addres	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so by an officer so the corporation has been notified in writing of the change.
authorized by the	Flen R Swift
	e of an officer or director) (Printed or typed name and title)
I further agrée to	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this Is filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
(Sign	nature of Registered Agent) (Date)
If signing on beh	
Cis	med or Printed Name)

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

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