## P06000/57259

| (Re                                     | equestor's Name)   | ,            |
|---|--------------------|--------------|
| (Ac                                     | ldress)            |              |
| (Ac                                     | ldress)            | <del>-</del> |
| (Cit                                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                                 | ☐ WAIT             | MAIL         |
| (Bu                                     | siness Entity Nan  | ne)          |
| (Do                                     | ocument Number)    |              |
| Certified Copies                        | _ Certificates     | s of Status  |
| Special Instructions to Filing Officer: |                    |              |
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## **COVER LETTER**

| TO: Amendmen Division of | t Section<br>Corporations   |  |
|--------------------------|---|--|
| SUBJECT: SWE             | LL TIMES INC. (Name of Cor  | poration)  |
| DOCUMENT NU              | MBER: P06000157259  |  |
| The enclosed Staten      | nent of Change of Registered Office/A   | Agent and fee are submitted for filing.  |
| Please return all cor    | respondence concerning this matter to   | the following:   |
| <u>(</u>                 | Catherine T. Fisher<br>(Name of Conta   | act Person)  |
| <u>\$</u>                | Swell Times Inc.<br>(Firm/Com   | pany)  |
| <u>18</u>                | 340 SE Federal Highway #102<br>(Addres  | ss)  |
| SI                       | uart, FL 34994  |  |
|                          | (City/State and   | •  |
| For further informat     | ion concerning this matter, please cal  | l:   |
| Catherine T. Fisher (Nar | ne of Contact Person)   | at (772 ) 485-5016<br>(Area Code & Daytime Telephone Number)   |
| Enclosed is a \$35.00    | O check made payable to the Departm   | ent 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 |

## 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  | ٠      |
| 1. The name of the corporation: Swell Times Inc.  |        |
| 2. The principal office address: 1840 SE Federal Highway #102, Stuart, FL 34994   | 7      |
| 3. The mailing address (if different): Same   | 7      |
| 4. Date of incorporation/qualification: 12-28-06 Document number: P06000157259  |        |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |        |
| Catherine T. Fisher   |        |
| 1840 SE Federal Highway #102  |        |
| Stuart, FL 34994  |        |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |        |
| Catherine T. Fisher   |        |
| 1309 NW Lakeside Trail  |        |
| (P.O. Box NOT acceptable)  Stuart, FL 34994   |        |
| 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.   |        |
| Catherine T. Fisher (Signature of an officer or director)  Catherine T. Fisher (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 Lam 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. | e<br>s |
| (Signature of Registered Agent)  April 17 (Date)  |        |
| f signing on behalf of an entity:   |        |
| Swell Tims Inc. (Typed 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 \* \* \*