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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(D0	cument Number)	•	
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DIVISION OF CORPORATIONS
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Swanco US	A Corp			
SOLUECT.	(Name of Co	orporation)			
DOCUMENT NUMB	ER:P070000148	99	·		
The enclosed Statement	t of Change of Registered Office	/Agent and fee a	re submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Charles Weber (Name of Contact Person)					
	(Name of Con	tact Person)			
Swanco USA Corp					
(Firm/Company)					
	1361 E O	sceola Pkwy			
(Address)					
	Kissimmee FL		34744		
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
i or iurulor miormation	concerning uns matter, prease ea	4 11.			
Charles Weber		at (407	301-5898		
(Name o	f Contact Person)	(Area Code) 301-5898 e & Daytime Telephone Number)		
Enclosed is a \$35.00 ch	eck made payable to the Departn	nent of State.			
	Mailing Address:	Street .	Address:		
	Amendment Section	Ameno	Iment Section		
	Division of Corporations		on of Corporations		
	P.O. Box 6327		n Building		
	Tallahassee, FL 32314	2661 E	Executive Center Circle		

Tallahassee, FL 32301

STATÉMENT 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 St statement of change 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 Fl.	
1. The name of the corporation: Swanco USA Corp	
2. The principal office address: 1361 E Osceola Pkwy, Kissimmee FL 34744	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/02/2007 Document number: P070000	14899
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	ı the
Charles Weber 4177 13th Street, St. Cloud Florida 34769	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): 1361 E Osceola Pkwy	De .
Kissimmee Florida 34744 (P.O. Box NOT acceptable)	SECRETARY OF COL
The street address of its registered office and the street address of the business office of its as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change. (Signature of an officer or director) (Printed or typed name and to	
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 comform y duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	plete performance 'agent. Or, if this v confirm that the
(Signature of Registered Agent) (Signature of Registered Agent))
If signing on behalf of an entity:	

* * * 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 (8/05)