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PICK-UP	WAIT	MAIL
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(BL	isiness Entity Nar	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer: .	
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Office Use Only



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## **COVER LETTER**

SUBJECT:	SWANCO US	
	(Name of C	Corporation)
DOCUMENT NUM	BER:_P07000014899	
The enclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matte	er to the following:
	5.4	
	DiAnne Chr	
	(Name of Co	ontact Person)
	SWANCO US	SA CORP
		ompany)
	`	1 ~ 3)
	1110 E Lak	e Shore Blvd
(Address)		
	Kissimmee Flor	ida 34744
	·	nd Zip Code)
For further informatio	n concerning this matter, please	call:
DiA	nne Christmas	407 404 4987
	of Contact Person)	at ( 407 ) 404-4987 (Area Code & Daytime Telephone Number)
(	2 20	( the code of Edythile Perspicale ( amount
Enclosed is a \$35.00 c	heck made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
•	P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: SWANCO USA CORP
	office address: 1110 E Lake Shore Blvd Kissimmee 34744
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/02/2007 Document number: P07000014899
	street address of the current registered agent and registered office on file with the tment of State:
	Charles Weber 1361 E Osceola Parkway Kissimmee Florida 34744
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  DiAnne Christmas 1110 E Lake Shore Blvd Kissimmee 34744
	(P.O. Box NOT acceptable)
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Signatu	We Christian DANE Christian Res  Te of an office or director)  (Printed or typed name and title)
I further agree to of my duries, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisive of all statutes relative to the proper and complete performance of I am familiar with and except the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.    We have the provision of the change of the change of Registered Agent (Date)
If signing on bel	half of an entity:
PIAM	yped or Printed Name)

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