## P07000015949

(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:							
Special manualions to 1 ming officer.							

Office Use Only



700114511537

01/11/08-+01011--017 \*\*35.00

AFPROVED AND FILED 08 JAN 11 PH 3: 02 SECRETARY OF STATE TALLAHASSEE

R.A. Charge

6. Seuffette JAN 1 5 2008

## **COVER LETTER**

Division of Corporations
SUBJECT: Swell Creations (Name of Corporation)
DOCUMENT NUMBER: PO 70000 15 949
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:
Bryan Yves CourchesNe (Name of Contact Person)
(Name of Contact Leison)
Swell Creations (Firm/Company)
1520 Neptune Drive Suite D
BoyNton Beach F1 33426 (City/State and Zip Code)
For further information concerning this matter, please call:
Bryan Courchesne   at (56/) 735-9030     (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 pro	ovisions of section	ns 607.0502, 617.05	02, 607.1508, or 61	17.1508, Flo <mark>rid</mark> a	Statutes, this	
	•	a corporation orga				
in order to	o change its regis	tered office or regis	tered agent, or both	h, in the State of	Florida.	
1. The name of the	corporation:	Swell	Creations	INC.		
2. The principal of	fice address:	1520	Neptune	Drive	Suite D	
	· <u>-</u> -	Boynton	Beach	FL	33426	
3. The mailing add	ress (if different)					
4. Date of incorpor	ation/qualificatio	n: <i>Feb 5, 2007</i>	Document n	umber: <u><i>P07</i></u>	1000015949	
5. The name and st Florida Departm		e current registered a	agent and registered	d office on file w	vith the	
	Laura Ou	w/ap, Corp	pration Serv	iice Compu	AA.	
_	1201	Hays Street	<u> </u>		_ \$\vec{s}_{(0)}	
<del></del>	-	e, Ff. 3			08 JAJ JECREJ LLAHJ	
(if changed):		e new registered age		•	W	APPRI AN FILE
		chesne, C:	•		PH 3: PF STAI	DYEL DYEL
	1520 Nef	Prune Drive (P.O. Box NOT acceptable	e Suite D			٠٠,
<u> </u>	Boynton	Beach, F	7. 33421	5		
The street address as changed will be	of its registered identical.	office and the street	address of the bus	siness office of	its registered agent,	
Such change was a authorized by the l	nuthorized by respond or the corp	olution duly adopte poration has been no	d by its board of dotified in writing o	irectors or by a f the change.	n officer so	
Bell	1		Bryan Co	urchesne	President	
· -	of an officer or director		, (Prini	ted or typed name and	d title)	
I further agree to c of my duties, and I document is/being	comply with the p am familiar with filed m <del>o</del> rely to r	registered agent an provisions of all stat hand accept the obl eflect a change in th itting of this change	tutes relative to the ligation of my posi ie registered office	his capacity. e proper and co tion as register e address, I here	mplete performance ed agent. Or, if this eby confirm that the	
Make	/ _ /		17-00	2		
Signat	ure of Registered Agen	1)	1-8-08	(Date)		
If signing on behal	f of an entity:					
Steve Low (Type	d or Printed Name)					

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