

PO9000090111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

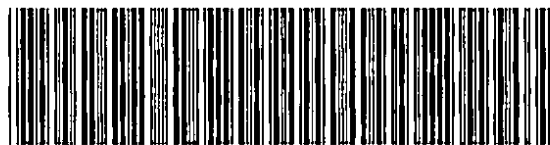
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JAN 17 2018
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JAN 16 PM 2:50
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Swipes Inc

Name of Corporation

DOCUMENT NUMBER: P09000090111

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:

Vera Lund

Name of Contact Person

Swipes Inc

Firm/Company

5500 Military Trail 22387

Address

Jupiter, FL 33458

City/State and Zip Code

anthony@swipes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vera Lund

Name of Contact Person

at (954) 247-9269

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 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.

1. The name of the corporation: Swipes Inc
2. The principal office address: 5500 Military Trail Suite 22387, Jupiter FL 33458
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/31/2009 Document number: P09000090111

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Vera Lund

8461 Lake Worth Rd Suite 229

Lake Worth FL 33467

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vera Lund

5500 Military Trail Suite 22387

P.O. Box NOT acceptable

Jupiter FL 33458

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.

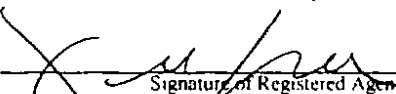


Signature of an officer or director

Vera Lund President

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 I am 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.



Signature of Registered Agent

1/10/18

Date

If signing on behalf of an entity:

Swipes Inc

Typed or Printed Name

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

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

FILED
18 JAN 16 PM 2:50
TALLAHASSEE, FLORIDA