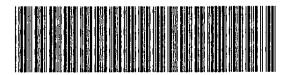
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(Re	questor's Name)			
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COVER LETTER

TO: Amendment Sec Division of Cor	ction porations		
SUBJECT:	Southwest Florida	Air Quality, INC.	
	Name of	Corporation	•
DOCUMENT NUMBI	ER: P10	0000036211	
The enclosed Statement	of Change of Registered Offi	ce/Agent and fee are subn	nitted for filing.
Please return all corresp	ondence concerning this matt	er to the following:	
	Michae	l Conover	
No. of the Control of		ontact Person	
	Southwest Florid	la Air Quality, INC.	
	Firm/C	Company	
	715 N.E. 19ti	h Place Unit 40	
		dress	•
	•		•
	Cane Coral	Florida 33909	
	City/State a	and Zip Code	
	Swflairquali	ty@aol.com	: C4:>
E-III	ail address: (to be used for	ruture annual report not	incation)
,			
For further information	concerning this matter, please	call:	
Mich	aal Canavar	220	770 0040
	ael Conover Contact Person	at (239) Area Code & Day	772-0313 time Telephone Number
, value of	ontar religion	Then code at Day	time relephone realizer
Enclosed is a \$35.00 che	eck made payable to the Depa	rtment of State.	
	Mailing Address:	Street Addres	<u>s:</u>
	Amendment Section	Amendment S	Section
	Division of Corporations	Division of C	-
	P.O. Box 6327	Clifton Build	•
	Tallahassee FL 32314	2661 Executi	ve 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: Southwest Florida Air Quality, INC.	
2. The principal office address: 715 N.E. 19th Place Unit 40 Cape Coral, Florida 33909	
3. The mailing address (if different):	
4. Date of incorporation/qualification: April 26, 2010 Document number: P10000036211	
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)	
Michael Conover	
1003 SE 12th Place, Unit 1 ₽6 ₽	
Cape Coral, Florida 33990	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Page
Michael Conover 715 N.E. 19th Place. Unit 40)
P.O. Box NOT acceptable	
Cape Coral, Florida 33909	
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.	
Michael Conover President Signature of an officer or director Michael Conover 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.	
Multar on Registered Agent 1-25-2011 Signature of Registered Agent Date	
Signature of Registered Agent Date If signing on behalf of an entity:	
Typed or Printed Name	

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