P11000048409

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWIRLICIOUS, INC.

Name of Corporation

DOCUMENT NUMBER: P11000048409

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:

SCOTT WAAGE

Name of Contact Person

SWIRLICIOUS, INC.

Firm/Company

PO BOX 6486

Address

KEY WEST, FL 33041

City/State and Zip Code

INFO@SWIRLICIOUSFROYO.COM

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

For further information concerning this matter, please call:

SCOTT WAAGE

858 ,692-966

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1 The name of t	the corporation: SWIRLICIOUS, INC.	
2. The principal	office address: 824 DUVAL STREET, KEY WEST, FL 33040	
3. The mailing a	address (if different): PO BOX 6486, KEY WEST, FL 33041	
4. Date of incorp	poration/qualification: 5-20-11 Document number: P11000048409	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	NRAI SERVICES, INC.	
	515 EAST PARK AVENUE	
	TALLAHASSEE FL 32301 US	
6. The name and (if changed):	515 EAST PARK AVENUE TALLAHASSEE FL 32301 US d street address of the new registered agent (if changed) and /or registered office LAUREN WAAGE 824 DUVAL STREET	
	LAUREN WAAGE	
	P.O. Box NOT acceptable KEY WEST, FL 33040	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
-	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	JUNE K. WAAGE, CEO	
	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
a	1000 / 6-1-12	
If signing on be	thalf of an entity:	
Ту	yped or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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