

P110000048409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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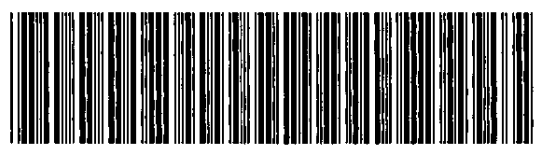
(Business Entity Name)

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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

Name of Contact Person

at (**858**) **692-9667**

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

