

P11000059305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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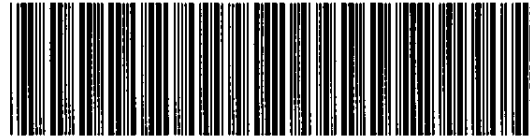
(Business Entity Name)

(Document Number)

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T. LEWIS

COVER LETTER

TQ: Amendment Section
Division of Corporations

SUBJECT: Swift Distributors of Florida
Name of Corporation

DOCUMENT NUMBER: P11000059305

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:

Joseph Behmer
Name of Contact Person

Firm/Company

401 Ohio Ave
Address

St Cloud FL 34769
City/State and Zip Code

JINVEST58@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Vaughan at (407) 805-0776
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 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: Swift Distributors of Florida Inc.

2. The principal office address: 401 Ohio ave, Saint Cloud FL
34769

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/28/2011 Document number: P11000059305

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

401 Ohio Ave
St Cloud FL, 34769
P.O. Box NOT acceptable
JAMIE VAUGHN

SEP 11 11 11 AM
TALLAHASSEE, FLORIDA

12 SEP -4 AM 10:11

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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.

J. Vaughn
Signature of an officer or director

JAMIE VAUGHN
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.

J. Belman
Signature of Registered Agent

8-25-2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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