## PH000071013

| (Re                                     | equestor's Name)   |             |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | isiness Entity Nar | me)         |
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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Swift, Hooper + Man Inc-<br>Name of Corporation  |
| DOCUMENT NUMBER: P14000071013   |
| 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:   |
| Glen R. Swift   |
| Name of Contact Person  |
| Swift, Hoopert Moon, Inc.   |
| 3065 Laurel Ridge Circle  |
| Kiving Beach, FL 33404  |
| City/State and Zip Code.  |
| E-mail address? (to be used for fixture annual report notification)   |
| E-mail address! (to be used for futdre annual report notification)  |
| For further information concerning this matter, please call:    Swift at (773) 333-6925     Name of Contact Person   Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number   |
| Francisco di a 025 00 abada mada manula ta tha Danastorant of State   |

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 in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
| 1. The name of the corporation: Swift, Hooper of Moon, Inc.  |
| 2. The principal office address: 3065 Laurel Ridge Circle Riving Beach FL 33404  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 8/26/2014 Document number: P140000710  |
| 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)   |
| Palm Beach Griders, FL 33410   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  See R. Swith  Beach, FL 334045TT  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.   |
| Signature of an officer or director  Signature of an officer or director  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 Date  If signing on behalf of an entity:   |

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