

P16000008970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

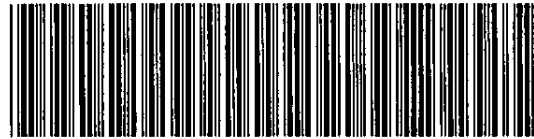
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700291447257

01/06/17--01011--022 **35.00

FILED
DIVISION OF CORP. STATE
2017 JAN - 6 AM 9:29

JAN - 9 2017

C. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SW GAME SOFTWARE CORP
Name of Corporation

DOCUMENT NUMBER: P0000068970

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:

RANJIT KELUSKAR
Name of Contact Person

SW GAME CORP
Firm/Company

9354 OLMSTEAD DR
Address

LAKE WORTH FL 33467
City/State and Zip Code

Rabak253@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ranjit Keluskar at 908, 451-4681
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: SW GAME SOFTWARE CORP
2. The principal office address: 9354 OLMSTEAD DRIVE
LAKE WORTH FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/26/2016 Document number: PI6000008970

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)

LEGALINC CORPORATE SERVICES INC
5237 SUMMERLIN COMMONS
SUITE 400, FORT MYERS FL 33097

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

RANJIT KELUSKAR
9354 OLMSTEAD DRIVE
LAKE WORTH FL 33467

P.O. Box NOT acceptable

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.

R. Keluskar
Signature of an officer or director

RANJIT KELUSKAR PRCS.
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.

R. Keluskar
Signature of Registered Agent

1/1/17
Date

If signing on behalf of an entity:

RANJIT KELUSKAR
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2017 JAN -6 AM 9:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA