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COVER LETTER

TO: Amendment Section Division of Corporations SWIFT S.E.O. MIAMI, INC. Name of Corporation P18000003499 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: HENRY GARCIA Name of Contact Person Firm/Company 7749 NORMANDY BLVD # 121 Address JACKSONVILLE FL. 32221 City/State and Zip Code garciaeight5@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HENRY GARCIA Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of <u>F</u> r registered agent, or both, in the State of Fl	LORIDA
1. The name of the	ne corporation: SWIFT S.E	E.O. MIAMI, INC.	
2. The principal	office address: 7749 NORM	ANDY BLVD. SUITE 121	
		ILLE, FL. 32221	
3. The mailing ac	ddress (if different): SAME		
4. Date of incorp	oration/qualification: 01/10/2	2018 Document number: P18000	0003499
5. The name and		stered agent and registered office on file wit	h the
	HENRY GARCIA		2182 8 .
	9318 E. COLONIAL D	R. #A-8	
	ORLANDO, FL 32817		10000000000000000000000000000000000000
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered offi	PH 2: 0
	HENRY GARCIA		•••
7749 NORMANDY BLVD SUITE 121			
P.O Box NOT acceptable JACKSONVILLE, FL. 32221			
The street addre	ss of its registered office and the be identical.	e street address of the business office of its	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has t	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so
Signatur	e of an officer or director	HENRY GARCIA Printed or typed name and title	P
I hereby accept I further agree to performance of agent. Or, if thi	the appointment as registered a o comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and comp h and accept the obligation of my position y to reflect a change in the registered office	olete as registered
	3_	5/30/2018	
S S	ature of Registered Agent	Date	
If signing on bel	nalf of an entity;		
Tv	ped 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 * * *