

L12000087508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

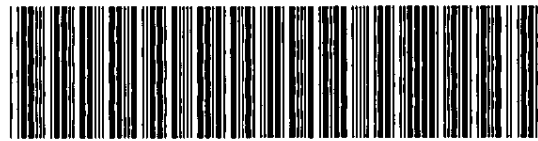
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250515937

08/15/13--01003--001 **25.00

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 AUG 15 AM 9:00
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Swag Section LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emiko Jalami Asifor-Tuayo
Name of Person

The Swag Section LLC
Firm/Company

421 NW 15th St, Apt. 79
Address

Gainesville, FL 32603
City/State and Zip Code

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

For further information concerning this matter, please call:

Emiko Asifor-Tuayo at 850 559-927
Name of Person Area Code & Daytime Telephone Number

FILED
13 AUG 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

0

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: The Swag Section LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

21718 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

21718 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

07/05/2012

L12000087508

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address:

13302 Winding Oak Court
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Emiko Astor-Tuayo

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

on behalf of InCorp Services, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
 AUG 15 AM 9:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA