P14000006943

(Re	questor's Name)	
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Ra Change

COVER LETTER

SUBJECT: Queens resale Inc. Name of Corporation
Name of Corporation
DOCUMENT NUMBER: P14000066945
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:
Dustin Queen Name of Contact Person
Queen's resale Firm/Company
1060 Central Ave
Waples F1 34102 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 248-2313 Area Code & Daytime Telephone Numbers
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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
1. The name of the corporation: Queenscesal. Inc
2. The principal office address: 1040 Central Ave
Napler F1 34102
3. The mailing address (if different):
4. Date of incorporation/qualification: 1-22-14 Document number: \$\frac{91400006943}{}
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)
967 4th Ave N.
Naplie F1 34/02
<u></u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Naples F1 34102 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.
Oustin Que and life Printed or typed name and life
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:
Typed or Printed Name

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

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