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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation
P17000059509

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:

Cesar A Rullier

Name of Contact Person

Queen Synthetic Motor Oil

Firm/Company

4701 SW 45 St # 10

Address

Davie Fl 33314

City/State and Zip Code

crulli56@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar A rullier

Name of Contact Person

at (954) 665-7402

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

1

•	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this	
		on organized under the laws of the State of the Florida or registered agent, or both, in the State of Florida.	
	the corporation: Queen Synt		
2. The principal	office address: 4701 SW 45	5 St # 10 Davie FI 33314	
3. The mailing a	address (if different)		
.r. The manning a	idaless (ii diretem).		
4. Date of incorp	poration/qualification: July 12	2, 2017 Document number: P17000059509	
	d street address of the current regirtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	Cesar A Rullier Sr	- The state of the	•
	8040 NW 103 St suit 4	17 Hialeah Gardens Fl 33016	FIL
		15 R Y 15	X II
6. The name and (if changed):	d street address of the new registe	ered agent (it changed) and 701 registered office	
	Cesar A Rullier Sr		<b>o</b>
	4701 SW 45 St # 10 D	Davie FI 33314	<del></del>
	P.O.	Box NOT acceptable	
The street addre as changed will	ess of its registered office and the be identical.	ne street address of the business office of its registered a	gent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
		Cesar A Rullier P	
Signatu		Printed or typed name and title	
l further agrée i performance of	to comply with the provisions of mwduties, and I am familiar wit	igent and agree to act in this capacity. 'all statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address, I otified in writing of this change.	d
	de la company de	07/ 23/ 2017	
Sign	nature p. Registered Agent	Date	
If signing on be	half of an entity:		
Т,	yped or Printed Name	_	
4.2	Them in commenciation		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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