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· To		ÇD
, -	Division of Corporations	2021
	Fax Number : (850)617-6380	
。 Fr	rom:	A
	Account Name : REGISTERED AGENTS INC.	5
	Account Number : I20090000081	្រា
	Phone : (307)200-2803	י די
	Fax Number : (855)330-1010	<u>ن</u> ن
		<del>F.</del>
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**Enter	the email address for this business entity to be used for	f <b>@</b> ure
anr	nual report mailings. Enter only one email address please.	. **
Ema	ail Address:	
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## REGISTERED AGENT CHANGE QUEEN GRANDE 15 CORP.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of Florida.		
1. The name of t	the corporation: QUEEN GRANDE 15 C	ORP.		
	office address: 18101 Collins Avenue, I			
3. The mailing a	nddress (if different):			
4. Date of incoη	poration/qualification: 03/03/03	Document number: P03000024937		
	I street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the led)		
	NRAI SERVICES, INC.			
	1200 South Pine Island Road			
	Plantation, FL 33324	·		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office		
	Registered Agents Inc.	62 0 T		
	7901 4th St N STE 300	<u> </u>		
	St. Petersburg FL 33702	Tacceptable 57 45 45 30		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.		
FERNAL Signatu	NDO CUEUS re of an officer or director	FERNANDO CUEVAS, DPS Printed or typed name and title		
I further agree to performance of agent. Or, if the	the appointment as registered agent at to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I		
Bel Home		03/10/2021		
Sig	nature of Registered Agent	Date		
	half of an entity:			
Bill Havre	yped or Printed Name			
١,	ped of Fillied Falls			

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 \* \* \*