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Office Use Only



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CA address Change

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: TABATHA QUETGLES INC. Name of Corporation		
DOCUMENT NUMBER: PO100034820		
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:		
Tabatha Quetgles Name of Contact Person		
Name of Contact Person		
Tabatha Quetgles INC.		
Firm/Company		
1531 N. Ft. Laud. Bch. Blud.		
Address		
Ft. Laud. FL 33304		
City/State and Zip Code +. quetgles @ yahoo. con		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tabatha Quetgles at (954, 655 - 6373) Name of Contact Person 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		

CR2E045 (8/05)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Tabatha Quetgles Inc.
2. The principal office address: 1531 N. Ft. Lavo. 13ch. 13100.
Ft. Lawerdale, Fl 33304
3. The mailing address (if different):
4. Date of incorporation/qualification:
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) Tabatha Quetgles
Tabatha Quetales Est
1841 Harbor Pointe Circle 競声
Weston, FL 33327
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1531 N. Ft. Laud. Bch. BNd. P.O. Box NOT acceptable P.O. Box NOT accep
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.
Signature of an officer of director Signature of an officer of director Printed or typed name and title
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 8/13/2010 Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)