

P03D000113539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

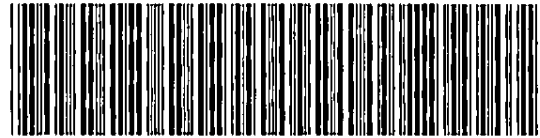
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARD QUEST INC
Name of Corporation

DOCUMENT NUMBER: PD3000113539

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:

SHANNON SCHOFIELD
Name of Contact Person

CARD QUEST INC.
Firm/Company

1902 W. WATERS AVE SUITE C
Address

TAMPA FL 33615
City/State and Zip Code

ACCOUNTING @ CARDQUEST.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON SCHOFIELD
Name of Contact Person

at (813) 288-0004
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2017

SHANNON SCHOFIELD
CARD QUEST, INC.
7902 W. WATERS AVE - STE. C
TAMPA, FL 33615

SUBJECT: CARD QUEST, INC.
Ref. Number: P03000113539

We have received your document for CARD QUEST, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 217A00021806

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: CARD QUEST INC.
2. The principal office address: 7902 W. WATERS AVE SUITE C
TAMPA FL 33615
3. The mailing address (if different): P.O. BOX 1915
ELFERS, FL 34680
4. Date of incorporation/qualification: 12-09-03 Document number: PD3000113539
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)
SHANNON SCHOFIELD
5820 W. CYPRESS STREET SUITE D
TAMPA FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHANNON SCHOFIELD
7902 W. WATERS AVE SUITE C
P.O. Box NOT acceptable
TAMPA, FL 33615

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.

Shanna Schofield
Signature of an officer or director

SHANNON SCHOFIELD PRES.
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.

Shanna Schofield
Signature of Registered Agent

11-20-17
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

CR21-045 (03/12)

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TALLAHASSEE, FLORIDA