

PO3000153192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

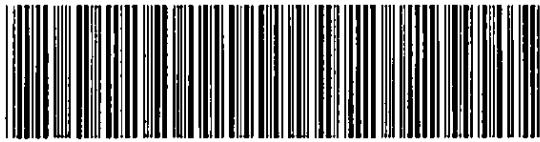
(Business Entity Name)

(Document Number)

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REGISTRATION OF CORPORATION
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QSLD NEW WORLD Inc. dba Les Frenchy USA
Name of Corporation

DOCUMENT NUMBER: P03000153192

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:

PATRICK BOUTEMINE

Name of Contact Person

QSLD NEW WORLD INC. DBA Les Frenchy USA

Firm/Company

382 NE 191st ST. #68837

Address

MIAMI, FL 33179-3899

City/State and Zip Code

patrick@les-frenchy.com

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

For further information concerning this matter, please call:

PATRICK BOUTEMINE

Name of Contact Person

at (941) 704-3244

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**

*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 FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: QSLD NEW WORLD Inc. dba Les Frenchy USA
2. The principal office address: 382 NE 191st ST. #68837 MIAMI, FL 33179-3899

3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 12/10/2003 Document number: P03000153192
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)
resigned

BOUTEMINE, PATRICK
382 NE 191ST ST
UNIT #68837
MIAMI, FL 33179 US

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

Melanie Ann Workman

1853 Bough Ave Unit C

P.O. Box NOT acceptable

CLEARWATER FL 33760

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.

Patrick BOUTEMINE

Signature of an officer or director

12/6/2019

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.*

Melanie A. Workman

Signature of Registered Agent

12-09-2019

Date

If signing on behalf of an entity:

Melanie A. Workman

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 (04/13)

FILED

2020 JAN 27 AM 7:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA