

P04 000004416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

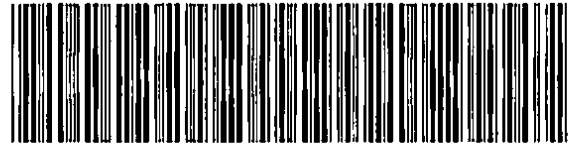
(Business Entity Name)

(Document Number)

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C. GOLDEN

JUL 13 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **GRQ Consultants Inc**

Name of Corporation

DOCUMENT NUMBER: **P04000004416**

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:

Barry Honig

Name of Contact Person

GRQ Consultants Inc

Firm/Company

215 SE Spanish Trail

Address

Boca Raton FL 33432

City/State and Zip Code

xcl2go@aol.com

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

For further information concerning this matter, please call:

Alan S Honig

Name of Contact Person

at (**917**) **617-1234**

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: GRQ Consultants Inc
2. The principal office address: 17582 Bocaire Way, Boca Raton FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P04000004416
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)

Barry Honig-resigned

215 SE Spanish Trail

Boca Raton FL 33432

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

Alan S. Honig

17582 Bocaire Way

P.O. Box NOT acceptable

Boca Raton FL 33487

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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.

X [Signature]
Signature of an officer or director

Barry Honig President
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.

X [Signature]
Signature of Registered Agent

6/29/2019
Date

If signing on behalf of an entity:

ALAN HONIG
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 (03/12)