

PO 90000034603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

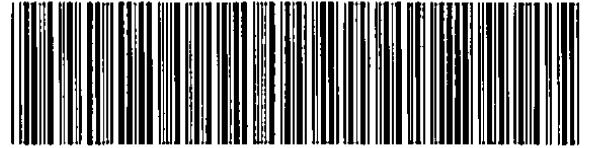
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG - 8 AM 8:30

FILED

AUG 09 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2019

ALEJANDRO DEL CALVO
1421 S.W. 107TH AVE # 183
MIAMI, FL 33174

SUBJECT: QUICK RESPONSE PROCESS SERVING, INC.
Ref. Number: P09000034603

We have received your document for QUICK RESPONSE PROCESS SERVING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The current name of the registered agent and address needs to be on line 5.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00011553

RECEIVED

2019 AUG -8 PM 12:56

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE OF REGISTERED AGENT**

Name of Corporation

DOCUMENT NUMBER: **P09000034603**

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:

ALEJANDRO DEL CALVO

Name of Contact Person

Quick Response Process Serving, Inc.

Firm/Company

1421 S.W. 107TH AVENUE, # 183

Address

MIAMI, FLORIDA 33174

City/State and Zip Code

QUICKRESPONSEPS@YAHOO.COM

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

For further information concerning this matter, please call:

ALEJANDRO DEL CALVO at (**305**) **859-9550**

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

**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: QUICK RESPONSE PROCESS SERVICE, INC.
2. The principal office address: 1421 S.W. 107TH AVENUE, # 183, MIAMI, FLORIDA 33174
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/15/2019 Document number: P09000034603

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)

MARYVEL VALDES, ESQ. (RESIGNED)
108 SOUTH MIAMI AVENUE, 2ND FLOOR
MIAMI, FLORIDA 33130


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

ALEJANDRO DEL CALVO
1421 S.W. 107TH AVENUE, # 183
P.O. Box NOT acceptable
MIAMI, FLORIDA 33174

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2019 AUG - 8 AM 8:30
SECTION 607.0502, 617.0502, 607.1508, 617.1508
TALLAHASSEE, FL

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 or director

Alejandro Del Calvo - 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.



Signature of Registered Agent

8/6/19

Date

If signing on behalf of an entity: _____

Typed or Printed Name

*** FILING FEE: \$35.00 ***