P09000073741

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 27 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SURFECT: AGG PROCESS SERVICE, INC.

Name of Corporation

DOCUMENT NUMBER: P9000073741

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:

WILLIAM TIMAR

Name of Contact Person

QUICKPRO CONSULTING, INC.

Firm/Company

351 S. CYPRESS RD SUITE 404A

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

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

For further information concerning this matter, please call:

YAMI THOMPSON

,954

522-6858

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

statement of cha	nnge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Station of $\frac{1}{1}$ or $\frac{1}{$	RIDA
1. The name of	the corporation: AGG PROCES	SS SERVICE, INC.	
2. The principal	office address: 408 NE 6TH S	TREET #247 FORT LAUDERDA	LE, FL 33304
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/02/200	Document number: P090000	73741
	d street address of the current registertment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	he
	RESIGNED - ANNA DEL	GADO	15 15
	391 NE 175TH STREET		CREJ LAHI MAR
	NORTH MIAMI BEACH, F	FL 33162	FILED TARY OF ASSEEL 23 PM
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered office	F STATE
	QUICKPRO CONSULTIN	IG, INC.	Ď'.'
351 S CYPRESS RD SUITE 404A			
	P.O. Box	NOT acceptable	
The street address changed will	ess of its registered office and the st	treet address of the business office of its reg	gistered agent,
Such change wa authorized by the	as authorized by resolution duly add board, or the corporation has bee	opted by its board of directors or by an officent in writing of the change.	eer so
	ire of an officer or director	YAMILEE THOMPSON / PRE	SIDENT
I hereby accept I further agree performance of agent. Or, if th		Printed or typed name and title at and agree to act in this capacity. I statutes relative to the proper and complet and accept the obligation of my position as a reflect a change in the registered office ac- fied in writing of this change.	e registered ldress, I
_ Wille	u hms	3/19/2015	
	nature of Registered Agent	Datc	
0 0	chalf of an entity:		
WILLIAM T	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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