

P09000079739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

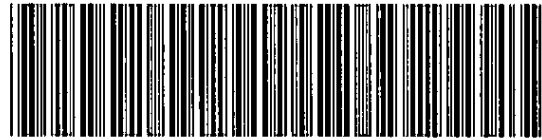
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adams and Quinn Inc
Name of Corporation

DOCUMENT NUMBER: P09000079739

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:

Linda Lee

Name of Contact Person

Adams and Quinn Inc

Firm/Company

221 SE 1st Street

Address

Belle Glade FL 33430

City/State and Zip Code

whateversmom@yahoo.com

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

For further information concerning this matter, please call:

Linda Lee

Name of Contact Person

at (561) 914-4358

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
DEPT OF
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

LINDA LEE
ADAMS AND QUINN INC
221 SE 1ST STREET
BELLE GLADE, FL 33430

SUBJECT: ADAMS AND QUINN INC.
Ref. Number: P09000079739

We have received your document for ADAMS AND QUINN INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 220A00011945

**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: Adams and Quinn Inc
2. The principal office address: 221 SE 1st Street
Belle Glade FL 33430
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/24/2009 Document number: P09000079739
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)

Willie Quinn

3100 Seville Street

Pahokee FL 33476

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

Willie Quinn

221 SE 1st Street

P.O. Box NOT acceptable

Belle Glade FL 33430

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

Willie Quinn

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

5/21/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 *** 6:11:13 PM 5/21/2021

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)