

P10000096191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

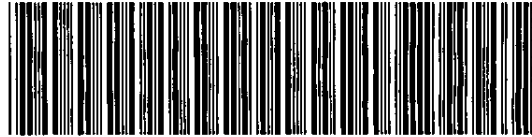
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please also change
officers address also.
requested by email
9/26/16 dec

Office Use Only



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09/19/16--01044--008 **35.00

28 SEP 19 AM 5:00
LEGISLATIVE STATE
TALLAHASSEE, FLORIDA

FILED

SEP 23 2015
C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Q11 Professional Auto Glass Inc
Name of Corporation

DOCUMENT NUMBER: P10000096191

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:

Wendy Vazquez
Name of Contact Person

Q11 Professional Auto Glass Inc
Firm/Company

2604 MARTINA Ave
Address

Kissimmee FL 34741
City/State and Zip Code

q11professionalautoglass@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Vazquez at (407) 508-1687
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: All Professional Auto Glass Inc
2. The principal office address: 2604 MARTINA Ave
Kissimmee, FL 34741
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/1/2011 Document number: P10000096191

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)

Wendy Vazquez
1020 Cannes Dr
Kissimmee, FL 34759

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

Wendy Vazquez
2604 MARTINA Ave
Kissimmee, FL 34741

P.O. Box NOT acceptable

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.

Wendy Vazquez
Signature of an officer or director

Wendy Vazquez
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.

Wendy Vazquez
Signature of Registered Agent

9/16/2016
Date

If signing on behalf of an entity:

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)

2016 SEP 19 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED