

P110000 62391

(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:

Office Use Only



200336712702

11/18/19--01007--030 **35.00

DEC 15 2019

2019 NOV 18 PM 4:14

FILED

RIA-ctt

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molto Crescendo Inc.

Name of Corporation

DOCUMENT NUMBER: P11000062391

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:

Thomas Qafzezi

Name of Contact Person

Molto Crescendo Inc.

Firm/Company

455 NE 24th Street, Apt 325

Address

Miami, FL 33137

City/State and Zip Code

thom.qafzezi@moltocrescendo.com

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

For further information concerning this matter, please call:

Thomas Qafzezi

Name of Contact Person

at (305) 6773942

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: Molto Crescendo Inc.
2. The principal office address: 455 NE 24th Street, Apt 325, Miami FL 33137
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 07/08/2011 Document number: P11000062391

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)

Thomas P Qafzezi

10 SW South River Drive, Apt 1513

Miami, FL 33130

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

(address change only)

455 NE 24th Street, Apt 325

P.O. Box NOT acceptable

Miami, FL 33137

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.

Thomas P. Qafzezi
Signature of an officer or director

Thomas P Qafzezi P
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.

Thomas P. Qafzezi
Signature of Registered Agent

11-12-19
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)