P110000 62391

(Re	equestor's Name)	
(Āc	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

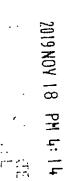
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COVER LETTER

Division of Corporations Molto Crescendo Inc. Name of Corporation

P11000062391

Amendment Section

TO:

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

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

CR2E045 (03/12)

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	د - آ يم
Miami, FL 33130	, _ =_1 1
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.	
Signature of an officer or direction Thomas P Qafzezi 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 Date	
If signing on behalf of an entity:	
To and an Deliveral North	
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)