P1400006943

(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:
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04/10/15--01014--013 **35.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

APR 13 2015 T. CARTER

COVER LETTER

·
SUBJECT: Queen's Cesale Name of Corporation
Name of Corporation
DOCUMENT NUMBER: \$\frac{14000006943}{}

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:

Fadic Queen Name of Contact Person
Queens resule
1068 Central
Naples F1 34102 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (239) 253 - 5968

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

TO:

Amendment Section Division of Corporations

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, statement of change is submitted for a corporation organized under the laws of the State of Florida, in order to change its positional office or registered agent, or both, in 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: (Yugen's Cesale		
2. The principal office address: 1060 Certiful Ave.		
Naples F1 34102		
3. The mailing address (if different):		
4. Date of incorporation/qualification: $\sqrt{30.0014}$ Document number: $\sqrt{140000}$) &C	943
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)		
Dustin Queen		
1060 Central Ave	5	SE(
Naples F/ 34102	APR 10	TRE TAI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PH	SEE. FI
Eddie Queen	2: 35	STATE _ORID
10:60 Central Ave,		Þ
Naples F1 34107		
The street address of its registered office and the street address of the business office of its register as changed will be identical.	red ag	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer s authorized by the board, or the corporation has been notified in writing of the change.	60	
Eddire Cycen Frinted 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 regi agent. Or, if this document is being filed merely to reflect a change in the registered office addres hereby confirm that the corporation has been notified in writing of this change.	stered ss, I	,
Edd Signifyr of Registered Agent 4-6-15 Date		_
If signing on behalf of an entity:		
Typed or Brinted Name		i

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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