

P15000026715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 01 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QRV Supply Co.
Name of Corporation

DOCUMENT NUMBER: P15000026775

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:

Derek Smith
Name of Contact Person

QRV Supply Co
Firm/Company

10223 Flagship Ave
Address

Port Richey / FL 34668
City/State and Zip Code

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

For further information concerning this matter, please call:

Derek Smith at 727 967-6726
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

DEREK SMITH
QRV SUPPLY CO.
10223 FLAGSHIP AVE
PORT RICHEY, FL 34668

SUBJECT: QRV SUPPLY CO.
Ref. Number: P15000026775

We have received your document for QRV SUPPLY CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 516A00004323

RECEIVED
16 MAR 31 AM 10:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: GRV Supply Co.
2. The principal office address: 10223 Flagship Ave. Port Richey FL 34668

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/20/2015 Document number: P15000026775

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)

Legaline Corporate Services Inc.
5237 Summerlin Commons STE 400
Fort Myers FL 33907

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

Derek Smith
10223 Flagship Ave
P.O. Box NOT acceptable
Port Richey FL 34668

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SECRETARY OF STATE

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.

Derek Smith
Signature of an officer or director

Derek Smith / President
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.

Derek Smith
Signature of Registered Agent

2/26/16
Date

If signing on behalf of an entity:

Derek Smith
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)