5000054917

· (Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
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AUG 300 2016 C LEWIS

COVER LETTER

SUBJECT: QUICK PAINTING GOOD CORP. Name of Corporation
DOCUMENT NUMBER: P 150000 54917
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:
ANDES E. SANCHEZ Name of Contact Person
QUCK PAINTING GROUP GORP. Firm/Company
15705 MIAMI LAKEWAY NORTH # 117
Mi AMi LAKES FL. 33014- City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANAES SARCHEZ Name of Contact Person at (786) 451 0886 Area Code & Daytime Telephone Number

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations



August 10, 2016

ANDES E. SANCHEZ / QUICK PAINTING GROUP CORP 15705 MIAMI LAKEWAY NORTH #117 MIAMI LAKES, FL 33014 US

SUBJECT: QUICK PAINTING GROUP CORP

Ref. Number: P15000054917

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Carolyn Lewis Regulatory Specialist II

Letter Number: 616A00016844

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: QUCK PAINTIPE GROW CORP.
2. The principal office address: 15705 MIAMI LAKEWAY NORTH #117
MIAMI LAKES FL. 33014
3. The mailing address (if different):
4. Date of incorporation/qualification: \(\omega \frac{13}{2015}\) Document number: \(\frac{21500054917}{2015}\)
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)
S371 NU 188 Th ST , MIAMI GARBOUS
FL. 33055
29.16
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 15705 NIAMI LAKEWAY NOOTH #117 MIAMI LAKES, FL. 33014 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.
Signature Van officer or director 2. 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:
Typed or Printed Name

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

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