

P150000 93872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

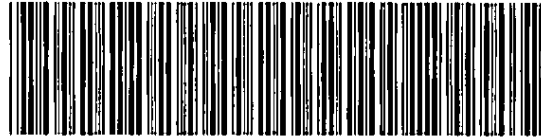
(Business Entity Name)

(Document Number)

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I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EXPRESS QUALITY TRANSPORT CORP  
Name of Corporation

**DOCUMENT NUMBER:** P15000093872

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:

DAVID PADRON JR

Name of Contact Person

PRESIDENT

Firm/Company

5300 GATE WAY BLVD #19

Address

LAKELAND, FL 33811

City/State and Zip Code

EXPRESSQUALITYTRANS@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID PADRON JR at ( 305 ) 890-6265

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

July 27, 2019

DAVID PADRON, JR.  
5300 GATE WAY BLVD #19  
LAKELAND, FL 33811

SUBJECT: EXPRESS QUALITY TRANSPORT CORP  
Ref. Number: P15000093872

We have received your document for EXPRESS QUALITY TRANSPORT 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):

You failed to list the new registered agent location.

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: 319A00015330

RECEIVED

2019 AUG 12 AM 11:23

**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: EXPRESS QUALITY TRANSPORT CORP  
2. The principal office address: 5300 GATE WAY BLVD #19 LAKELAND, FL 33811

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/17/2015 Document number: P15000093872

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)

DURAN, LOUIS M, Jr.

5300 GATE WAY BLVD #19

LAKELAND, FL 33811

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

DAVID PADRON JR


5300 GATE WAY BLVD #19

P.O. Box NOT acceptable

LAKELAND, FL 33811

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

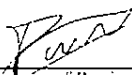
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

DAVID PADRON JR - 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

08/08/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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