

10/24/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: agent@bizfilings.com

**REGISTERED AGENT CHANGE
FOURQUADRATT AMERICA INC.**

| | |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

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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: FOURQUADRATT AMERICA Inc.
2. The principal office address: 19201 COLLINS AVE APT925, SUNNY ISLES BEACH, Florida 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/2016 Document number: P16000078954
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)

Alexey Kirillov
19201 COLLINS AVE, APT 925, SUNNY ISLES BEACH, FLORIDA 33160

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

Business Filings Incorporated

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324


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

Alexey Kirillov, 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

21st day of October, 2016
 Date

If signing on behalf of an entity:

Mark Williams, AVP

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)

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