

P17000054619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

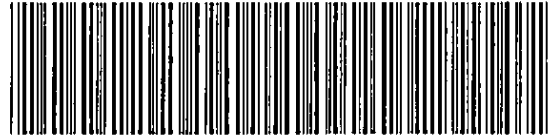
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000339616240

SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB -6 AM 9:27

FILED

20 FEB -6 11:31:32

O SIMMONS

FEB 07 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE : 2/6/2020

PRIORITY : Routine

OUR REF. # (Order ID#) : 805502

ORDER ENTITY :
QUEENSBIDGE CAPITAL HOLDINGS INC

PLEASE PERFORM THE FOLLOWING SERVICES:

QUEENSBIDGE CAPITAL HOLDINGS INC (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: QUEENSBIDGE CAPITAL HOLDINGS INC
2. The principal office address: 255 Primera Blvd, Suite 160, Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/22/2017 Document number: P17000054619
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)

Carmine Berardi
255 Primera Blvd, Suite 160
Lake Mary, FL 32746

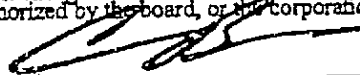
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporate Service Bureau Inc.
1540 Glenway Dr
Tallahassee, FL 32301

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 of an officer or director

Carmine Berardi

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

2/6/20
Date

If signing on behalf of an entity:

Scott J. Schuster

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB - 6 AM 9: 27

FILED