

P22 000 026322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

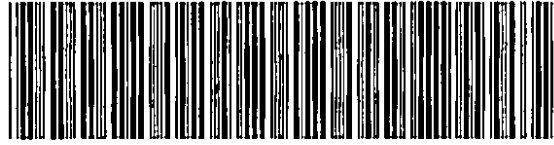
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA

Office Use Only



000393134320

02/29/22-- 01031--004 \$435.00

FILED
SECRETARY OF STATE
2022 AUG 29 PM 2:12
IN THE CORPORATION

J DENNIS
DEC 06 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXQUISITE MANAGEMENT INC
Name of Corporation

DOCUMENT NUMBER: P22000026322

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:

JOANN STEELE

Name of Contact Person

EXQUISITE MANAGEMENT INC

Firm/Company

6501 ARLINGTON EXPRESSWAY B105 NUM 7189

Address

JACKSONVILLE, FL 32211

City/State and Zip Code

INFO@EXQUISITEMANAGEMENT INC.COM

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

For further information concerning this matter, please call:

JOANN STEELE

Name of Contact Person

at (904) 842-4290

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: EXQUISITE MANAGEMENT INC
2. The principal office address: 6501 ARLINGTON EXPRESSWAY B105 NUM 7189,
JACKSONVILLE, FL 32211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P22000026322
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)

JOANN STEELE

6501 ARLINGTON EXPRESSWAY B105 NUM 7189

LAKE WALES, FL 32211

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

JOANN STEELE

6501 ARLINGTON EXPRESSWAY B105 NUM 7189

P.O. Box NOT acceptable

JACKSONVILLE, FL 32211

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.

Joann Steele
Signature of an officer or director

JOANN STEELE pres
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.

Joann Steele
Signature of Registered Agent

08/24/2022

Date

If signing on behalf of an entity:

JOANN STEELE

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)