

P98000018266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

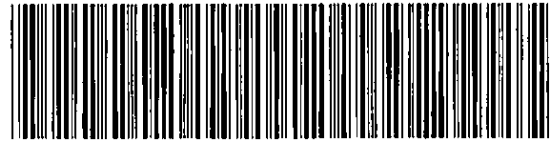
(Business Entity Name)

(Document Number)

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2025 JAN 24 PM 12:21

STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

RECEIVED

2025 JAN 24 AM 9:21

STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

Re Change

JAN 27 2025

D CUSHING

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/24/2025

Acc#I20160000072

en: c Dll

Name:	QUICKSERIES PUBLISHING INC.
Document #:	
Order #:	16104938

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

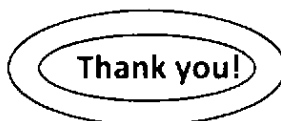
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUICKSERIES PUBLISHING INC.
Name of Corporation

DOCUMENT NUMBER: P98000018266

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:

Vincent Allard
Name of Contact Person
Corpomax Inc.
Firm/Company
2915 Ogletown Road
Address
Newark, DE 19713
City/State and Zip Code

info@corpomax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Stauffer at (713) 332-3754
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
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: QUICKSERIES PUBLISHING INC.
2. The principal office address: 5100 NW 33rd Ave, Ste 247, Ft Lauderdale, FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/25/1998 Document number: P98000018266
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)

BRAULT, MICHAEL

5100 NW 33rd Ave, Ste 247

Ft Lauderdale, FL 33309

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

NRAI Services, Inc.

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.

/s/ Roger Ledoux

Signature of an officer or director

Roger Ledoux, 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.

NRAI Services, Inc.

By: /s/ Linda Stauffer

Signature of Registered Agent

01/21/2025

Date

If signing on behalf of an entity:

Linda Stauffer, Assistant Secretary

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)