

P99000023742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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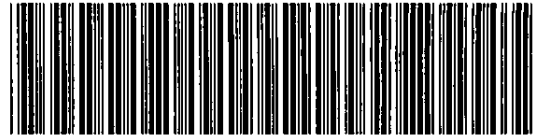
(Business Entity Name)

(Document Number)

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12 SEP 17 PM 3:48
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

PA Change
9/20/12
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARQUIN SERVICES INC.
Name of Corporation

DOCUMENT NUMBER: P99000023742

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:

ARMANDO QUINTERO
Name of Contact Person

ARQUIN SERVICES INC.
Firm/Company

10302 BIRCHWOOD PIKE
Address

HARRISON, TN 37341
City/State and Zip Code

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

For further information concerning this matter, please call:

ARMANDO QUINTERO at (423) 902-5638
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

**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: ARQUIN SERVICES, INC.
2. The principal office address: 10302 BIRCHWOOD PIKE, HARRISON, TN 37341

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: MARCH 15, 1999 Document number: P99000023742

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)

ARMANDO QUINTERO

10342 HUNTINGTON FOREST BLVD EAST

JACKSONVILLE, FL 32257

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

JOSE QUINTERO

3373 CHRISTOPHER STREET

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33417

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

ARMANDO QUINTERO/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

9/12/12

Date

If signing on behalf of an entity:

Jose Quintero

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 (8/05)