# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N21000001025

### Entity Name: QUNOIRE INC

#### **Current Principal Place of Business:**

45 W BAY STREET STE103Q JACKSONVILLE, FL 32202

# **Current Mailing Address:**

112 BARTRAM OAKS WALK 600731 SAINT JOHNS, FL 32260 US

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

REGISTERED AGENTS 7901 4TH ST N STE 300 ST ST PETERSBURG, FL 33702 US

702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

| Title           | Ρ                                     | Title           | EXECUTIVE SECRETARY   |
|-----------------|---------------------------------------|-----------------|-----------------------|
| Name            | HINES, AMY                            | Name            | DJEHUTI, CEASIA       |
| Address         | SUITE B2                              | Address         | PO BOX 600731         |
|                 |                                       | City-State-Zip: | SAINT JOHNS FL 32260  |
| City-State-Zip: | JACKSONVILLE FL 32222                 |                 | SAINT SCHING TE 32200 |
| Title           | DIRECTOR                              |                 |                       |
| Name            | SHABAZZ, MAAT                         |                 |                       |
| Address         | #1090 2285 KINGSLEY AVENUE<br>SUITE A |                 |                       |
| City-State-Zip: | ORANGE PARK FL 32073                  |                 |                       |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

12/06/2022

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date