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TALLAHASSEE, FLORIDA 2011 FEB 22 MI ID 37

R.A.Chorze C.COULLIETTE

FEB 2 2 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 680538 7376941

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 22, 2011

ORDER TIME : 9:46 AM

ORDER NO. : 680538-078

CUSTOMER NO: 7376941

## CHANGE OF AGENT

NAME:

QUALITY CUSTOM DISTRIBUTION

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

## 5

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the hange is submitted for a corporation organized under the laws of the State of Delaward der to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: QUALITY CUSTOM DISTRIBUTION SERVICES, INC.		
2. The principal	al office address:		
18301 Vor	on Karman, Suite 1100, Irvine, CA 92612		
3. The mailing a	address (if different):		
4. Date of incor	prporation/qualification: 01/08/2010 Document number: F10000000181		
	nd street address of the current registered agent and registered office on file with the artment of State:		
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324	<u>4</u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		FEB 22	7
	Corporation Service Company		ורבט
	1201 Hays Street	OF STAT	
	(P.O. Box NOT acceptable)	RE <b>5</b>	
	Tallahassee, FL 32301		
The street address changed will	ress of its registered office and the street address of the business office of its registered be identical.	ed agent,	
Such change wa authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	)	
Maureen Cullen, Attorney in Fact (Signature of an officer or director)  Maureen Cullen, Attorney in Fact (Printed or typed name and title)			
I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent, and the proper and accept the confirmation of the registered office address, I hereby confirmation seems to the property of this change.  The property of the province Company	formance Or, if this 1 that the	
	Signature of Registered Agent) (Date)		
If signing on be	behalf of an entity:		
Grace E. Kirb	by, Asst. Vice President		
(*	(Typed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*