

F150000000615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

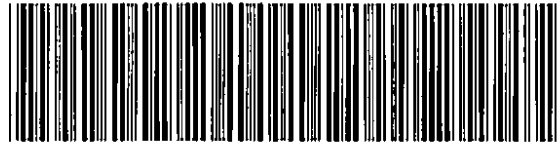
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100413696031

FILED

2023 AUG 10 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 10 PM 3:55

RECEIVED  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 929754 7902027

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : August 10, 2023

ORDER TIME : 2:13 PM

ORDER NO. : 929754-005

CUSTOMER NO: 7902027

CHANGE OF AGENT

NAME: Q.E.D., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Q.E.D., Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F15000000615

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:

Christina Giza

Name of Contact Person

Ice Miller LLP

Firm/Company

200 West Madison St., Suite 3500

Address

Chicago, Illinois 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Christina Giza

Name of Contact Person

at ( 312 ) 705-6027

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Q.E.D., Inc.
2. The principal office address: 350 SEVENTH AVE., 10TH FL, NEW YORK NY 10001
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/13/2015 Document number: F15000000615
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)

Incorporating Services, Ltd.

1540 GLENWAY DRIVE, TALLAHASSEE, FL 32301

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

Corporation Service Company

1201 HAYS ST

P.O. Box NOT acceptable

TALLAHASSEE

FL

32301

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

Robert Persiano, C

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.

Corporation Service Company

By: Alexis Weiland-Jensen, ACP

Signature of Registered Agent

08/10/2023

Date

If signing on behalf of an entity:

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)

FILED  
2023 AUG 10 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA