#### 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEIFER FRANCA

#### Electronic Signature of Signing Authorized Person(s) Detail

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.

#### Authorized Person(s) Detail :

Title	CEO	Title	DIRECTOR
Name	MCDEAN, ADAM	Name	FRANCA, NEIFER
Address	161 KING ST., STE. 404, LEVEL 2	Address	350 LINCOLN RD., 2ND FLOOR
City-State-Zip:	NEW CASTLE,NSW2300 AUSTRALIA AL	City-State-Zip:	MIAMI BEACH FL 33139

2020 FLORIDA LIMITE	ED LIABILITY	COMPANY	ANNUAL	REPORT

DOCUMENT# L18000061173

## Entity Name: QMS CERTIFICATION SERVICES AMERICA, LLC

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

350 LINCOLN RD., 2ND FLOOR MIAMI BEACH. FL 33139

## **Current Mailing Address:**

350 LINCOLN RD., 2ND FLOOR MIAMI BEACH. FL 33139 US

## FEI Number: 82-4841035

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPWIZ REGISTERED AGENTS, INC. 8750 N.W. 36 ST., STE. 425 MIAMI, FL 33178 US

SIGNATURE:

Certificate of Status Desired: No

03/18/2020

Date

#### FILED Mar 18, 2020 Secretary of State 7312583651CC

Date

DIRECTOR