288756

		
Quai	Run	-
2445	EBER BOULEVAR NE, FLORIDA 3290	
(Addr	ess)	
(City/s	State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Name)
(Дось	rment Number)	.
Certified Copies	Certificates o	f Status
Special Instructions to Fil	ling Officer:	
:		

Office Use Only



400138225294

12/01/08--01038--011 **35.00

08 DEC - 1 PH 4: 05
SECRETARY OF STATE

morphan

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State angle is submitted for a corporation organized under the laws of the State of $\frac{\text{F1}}{\text{F1}}$ to change its registered office or registered agent, or both, in the State of Flori	orida		
1. The name of the	he corporation: Quail Run, Inc.			
	office address: 2445 Eber Boulevard		-	- " '
_Melbourn	e, FL 32904			
3. The mailing ac	ddress (if different):			
4. Date of incorp	poration/qualification: 1/14/1965 Document number: 288756			
5. The name and Florida Depart	street address of the current registered agent and registered office on file with them to file them.	ne		
	John R. Kancilia	SEG SEG	8	
	1800 W. Hibiscus Boulevard, Suite 138	AHA	330	1
	Melbourne, FL 32901	ARY I	<u>.</u>	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	OF STATE	PM 4: 05	Ö
	John R. Kancilia		•	
	1795 West Nasa Boulevard			
	(P.O. Box NOT acceptable) Melbourne, FL 32901			
The street addre	ss of its registered office and the street address of the business office of its rebe identical.	gistere	d agen	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so		
Kos	Roger Ryall, Presiden (Printed or typed name and title)			-
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete perf gent. C confirm	orman r, if th that th	ce iis ie
- (Su	specifice of Registered Agent) Gate)			_
(half of an entity:			
	yped 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)