

Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE Q.E.D. ENVIRONMENTAL SYSTEMS, INC.

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Corporate Filing Menu

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6/20/2014

COVER LETTER

TO:	Amendment Section Division of Corporations					
CT ID I	Q.E.D. ENVIRONMENTAL SYSTEMS, INC.					
SUBJ	Name of Corporation					
DOCI	F01000001606 JMENT NUMBER:					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
	return all correspondence concerning this matter to the following:					
	Jii) Hedlund					
	Name of Contact Person					
	• · · · · · · · · · · · · · · · · · · ·					
	Graco Inc.					
	Firm/Company					
	88 11th Ave NE					
	Address					
	Minneapolia, MN 55413					
	City/State and Zip Code					
	jh edlund@graco.com					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
Jill He	et (
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of e or registered agent, or both, in the State of i	Michigan	
1. The name of i	he corporation: Q.E.D. ENVIRG	Onmental systems, Inc.		
		IRCLE WEST DEXTER, MI 48130	<u>-</u>	
3. The mailing a	ddress (if different):		4	
4. Date of incom	poration/qualification: 3/23/200	Document number; F010000		
5. The name and		egistered agent and registered office on file w	(0.0)	
-	CORPORATION SERVICE CO	OMPANY	. 건S	
	1201 HAYS STREET		유포	
	TALLAHASSEE, FL 32301		32	
6. The name and (if changed):	street address of the new regin	stered agent (if changed) and /or registered of	fice	
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	Plantation, Florida 33324	O. Box NOT acceptable		
The street address changed will	ss of its registered office and be identical.	the street address of the business office of it	s registered agent,	
Such change was authorized by th	s authorized by resolution dul e board, or the corporation ha	ly adopted by its board of directors or by an is been notified in writing of the change,	officer so	
WWW.	C of an officer or director	Karen Park Galli	i w	
I hereby accept I further agree (performance of agent. Or, if thi hereby confirm	the appointment as registered o comply with the provisions of my dulies, and I am familiar v s document is being filed mer that the corporation has been	agent and agree to act in this capacity, of all statutes relative to the proper and con vith and accept the obligation of my position ely to reflect a change in the registered affic notified in writing of this change.	aplete i as registered ce address, I	
	voration System	06/19/2014		
Signing on be	abure of Registered Agent Onnie Bru ped or Primed 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 (01/12)