<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:



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Office Use Only

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

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	ACCOUNT NO.	:	1200000001	.95
	REFERENCE	:	464368	7343009
	AUTHORIZATION	:	J.	
	COST LIMIT	:	\$ 35,00	(Mille)
				•••
ORDER DATE :	February 8, 2022			
ORDER TIME :	2:06 PM			
ORDER NO. :	464368-007			
CUSTOMER NO:	7343009			
				

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CHANGE OF AGENT

NAME: QUALITAS MANUFACTURING INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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 $\underline{\square}$ _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: QUALITAS MANUFACTURING INCORPORATED

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2. The principal	office address:		
1661 Glenlake /	Ave. Itasca, IL 60143		
3. The mailing ad	ddress (if different):		
4. Date of incorp	poration/qualification: 05/07/2002 Document numb	per:F02000002265	
	street address of the current registered agent and registered offi tment of State: (If resigned, enter resigned)		
	NRAI SERVICES, INC	2072	
	1200 SOUTH PINE ISLAND ROAD	2072 FEB	
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or r	registered office	
	Corporation Service Company	·.	
	1201 Hays Street		
	P.O. Box NOF acceptable		
	Tallahassee FL 323	301	

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.

Mel C GOME	Jill Cilmi, Vice President
Signature of an officer or director	Printed or typed name and title
I kereby accept the appointment as registered age. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch opporation Service oppart By: Signature of Registered Agent	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address. Thereby confirm that the hange. 02/10/2022 Date
If signing on behalf of an entity:	,
Grace E. Kirby, Asst. Vice President	
Typed or Printed Name	
* * * FILIN	NG 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)