orida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H180000863773)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone (888)705-7274

Fax Number : (888)706-7274

S TALLENT

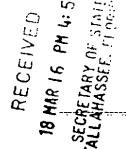
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REGISTERED AGENT CHANGE **QUALITY LEASING ENTERPRISES, INC.**

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TO: Amendment Section Division of Corporations

SUBJECT. QUALITY LEASING ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: F17000001905

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

,888,

705-7274

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLH18000086377 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0 nge is submitted for a corp r to change its registered o	oration orga	nized under the laws of the	State of INDIANA	_	
	he corporation: QUALIT	•	_	•		
2. The principal	office address: 9830 BA	UER DR.				
INDIANAPOLIS, IN			46280			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 04/	25/2017	Document number:	F17000001905		
	street address of the current tment of State: (If resigned			on file with the		
	NRA SERVICES, IN	IC.			.	
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL 3	3324				
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office					
	Registered Agent S	Solutions,	Inc.		-	
	155 Office Plaza D	r., Suite A	.			
		P.O. Box NO	acceptable acceptable			
	Tallahassee, FL 32	301				
The street addre	ss of its registered office a be identical.	and the street	address of the business of	ffice of its registered ag	gent,	
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted has been no	by its board of directors tified in writing of the characteristics.	or by an officer so ange.		
S Jonatha	n Martin		Jonathan Martin	Assistant S	ecretary	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registe o comply with the provision my duties, and I am familis s document is being filed in that the forporation has being the of Registered Agent	ons of all stat ar with and a nerely to refl	utes relative to the proper accept the obligation of m lect a change in the regist	acity. · and complete v position as registerea ered office address, I	·	
If signing on bel	naf of an entity:					
	ell - Assistant Secre	etary				