

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*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 GUILDQUALITY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 29

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Enter the Pay Audit Number Here



COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: GUILDQUALITY INC.	
Name of Corporation	
DOCUMENT NUMBER: F17000003312	

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 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

Name of Contact Person

Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 cheek 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

## FLH17000247784 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT-OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida S anized under the laws of the State of <u>S</u> istered agent, or both, in the State of F	South Carolina	
1. The name of t	he corporation: GUILDQUALITY	INC.		
2. The principal	office address: 225 OTTLEY DR	SUITE 200		
ATLANTA		30324		
3. The mailing a	<del> </del>			
4. Date of incorp	poration/qualification: 07/25/2017	Document number: F17000	0003312	
5. The name and Florida Depar	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file wigned)	th the	
	PARACORP INCORPORAT	ED		
155 OFFICE PLAZA DR, 1ST FLOOR				
	TALLAHASSEE, FL 32301		17 S	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			SEP 29	T
	Registered Agent Solutions	s, Inc.	m :: <b>≥</b>	III
	155 Office Plaza Dr., Suite		回 2 回 2	U
	Tallahassee, FL 32301	NOT acceptable	मुंख 🕟	
as changed will	be identical.	eet address of the business office of its		ıt,
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an ontified in writing of the change.	officer so	
/s/ Marc Th	nompson	Marc Thompson	CFO	
I hereby accept I further agree performance of	in of an officer or director  the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to t that the corporation has been notifie	tatutes relative to the proper and com d accept the obligation of my position when a change in the revistered offic	iplete i as registered	
Su	gnature of Registered Agent	Unite		
If signing on bo	shof of an entity:			
	nell - Assistant Secretary  Typed or Printed Name			
	••	FEE: \$35.00 * * *		

Make checks payable to Florida Department of State
Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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