Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone:: (307)200-2803 Fax Number:: (855)330-1010

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

Email Address: _____

SECRETARY OF STATE TALLAHASSEE FI

REGISTERED AGENT CHANGE QUINTECH, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu Help

7-19-1

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

statement of cha	nge is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida St ganized under the laws of the State of _ gistered agent, or both, in the State of Fl	
1. The name of t	he corporation: QUINTECH, INC		
2. The principal	office address: 102 SLATON DRIVE	NASH, TX 75569	
3. The mailing a	ddress (if different): 102 SLATON DRI	VE NASH, TX 75569	
4. Date of incorp	poration/qualification: 09/18/18	Document number: F1800000	04287
	I street address of the current registere timent of State: (If resigned, enter resigned,	ed agent and registered office on file wit igned)	th the
	DOYLE, SCOTT		. co 🕿
	155 RIDGEMONT CIRCLE S.	E	2019 JUL 18 BECRETARN TALLAHA
	PALM BAY, FL 32909		IAR AHA
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered offi	PH 1: 3: Y OF STAT SSEE, FL
	Registered Agents Inc.		33 ATE
	7901 4th St N STE 300		
P.O. Box NOT acceptable			
	St. Petersburg FL 33702		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adop te board, or the corporation has been	oted by its board of directors or by an of notified in writing of the change.	officer so
Thomas C	rinn	Thomas Quinn Printed or typed name and title	
I further agrée performance of avent. Or if th	my drities, and I am familiar with ar	t and agree to act in this capacity, statutes relative to the proper and comp ad accept the obligation of my position reflect a change in the registered office	plete as registered
Piec Han	ne	07/18/2019	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre			
I	yped of 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 (03/12)