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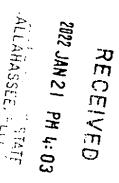
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JAN 2: mag

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 411218 7655008

AUTHORIZATION

COST LIMIT : 7\$ 35.00

ORDER DATE: January 18, 2022

ORDER TIME : 2:43 PM

ORDER NO. : 411218-031

CUSTOMER NO: 7655008

CHANGE OF AGENT

NAME: QUAD CITY TESTING LABORATORY,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

statement of cha	provisions of sections 607.0502, 61 mge is submitted for a corporation or to change its registered office or	organized under the law	vs of the State of _	DELAWARE	
1. The name of	the corporation: QUAD CITY TEST	ING LABORATORY, IN	IC.		
2. The principal	office address: LS ST, STE 2111 PLANT CITY, F				
3. The mailing a	nddress (if different):				
4. Date of incom	poration/qualification: 03/14/2019	Document r	number: F190000	001444	_
5. The name and	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered		th tha	
	CASTETTER, ALAN	-		2022 JAN 21 SECRETAR	
	465 S ORLANDO AVE				(Territor
	MAITLAND	FL	32751	AH 7:5	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	or registered off	7: 54	12:0
	Corporation Service Company		<u> </u>		
1201 Hays Street					
P.O. Box NOT acceptable					
	Tallahassee	- FL	32301		
The street addre	ess of its registered office and the second the second contical.	street address of the bus	siness office of its	s registered agent,	
Such change wa authorized by th	is authorized by resolution duly ac board, or the corporation has be	lopted by its board of d en notified in writing o	irectors or by an of the change.	officer so	
α	THE STATE OF THE S	Fiona Sutherland	d, Secretary		
Signatui	e of an officer or director	Printe	d or typed name and titl	le	
I further agree to of my duties, and document is being corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Setvice Company	l statutes relative to the e obligation of my posi in the revistered office	his capacity. 2 proper and com tion as registered address, I hereb	plete performance lagent. Or if this y confirm that the	!
By: Dra	e Cokubi	01/21/2022			
Sign	nature of Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date		
If signing on bel	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ту	rped or Printed Name				

* * * FILING FEE: \$35.00 * * *
MAKE CHECKS BAYADI DED A DED A DED ADERSON STRATEGICA