## F1900000 4157

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

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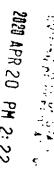
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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: IAPS QSub, Inc. Name of Corporation	
DOCUMENT NUMBER: F19000004157	
The enclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Tania E. (Dec Dec) Fuller	
Name of Contact Person	<del> </del>
Fuller Law and Counseling, P.C.	
Firm/Company	
751-C Kenmoor Avenue SE	
Address	
Grand Rapids, Michigan 49546	
City/State and Zip Code	
mfranco@martecintl.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Tania E. (Dee Dec) Fuller	at (616 )454-0022
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607,0502, 617.0 ange is submitted for a corporation or		
	er to change its registered office or reg	gistered agent, or both, in the State	e of Florida
1. The name of	the corporation: IAPS QSub, Inc.		
2. The principal	office address: 400 Gordon Industrial C	Court SW	
Byron Center, M	(ichigan 49315		
_	address (if different):		
4. Date of incor	poration/qualification: 9/3/2019	Document number; F190	00004157
	d street address of the current registere runent of State; (If resigned, enter resi		le with the
	Tania E. (Dee Dee) Fuller		
·	9075 Breakwater Drive		<del>~~~</del>
	Naples, Florida 34120		28
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registere	NVICION OF
	Marco Franco		
	660 W 18th Street		
	P.O.	Box NOT acceptable	<del></del>
	Hialeah, Florida 33010		rs Tru
The street addre	ess of its registered office and the stre be identical.	eet address of the business office	of its registered agent,
Such change we authorized by th	is authorized by resolution duly adopte board, or the corporation has been	ted by its board of directors or by notified in writing of the change.	an officer so
Bu	4 (Allers	Bruce Ullery, Secretary	
Signatu	t of an officer of director	Printed or typed name a	
I hereby accept I further agree ( of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all st off am familiar with and accept the o it filed merely to reflect a change in then perfied in writing of this chang	and agree to act in this capacity, atutes relative to the proper and bligation of my position as regist the registered office address, I have.	complete performance ered agent. Or, if this ereby confirm that the
	Muse	4/15/2	0.202
Sign	nature of Reconcred Agend	Date	-00
If signing on bel	half of an entity:		
Ty	ped or 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 (04/13)