CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. QUALSTRAT (Corporation Name) (Document #)

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NEW FILINGS		<u>AMENDMENTS</u>	2	ON OF
Profit Not for Profit			R.A., Officer/Director	ILEO NRY OF S CORPOR
Limited Liability Domestication Other		☐ Change of Regis☐ Dissolution/With☐ Merger		TATE
OTHER FILINGS		REGISTRATION/Q	<u> UALIFICATION</u>	
☐ Annual Report ☐ Fictitious Name		☐ Foreign ☐ Limited Partners ☐ Reinstatement ☐ Trademark ☐ Other	hip	

Examiner's Initials

CR2E031(7/97)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: QUALSTRAT 2. The mailing address of the limited liability company is: 812 of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: LAN S. GASSMAN Name COURT STREET, Address 6. The name and address of the new registered agent and/or office: WILLOWBRANCH Florida street address (P.O. Box NOT acceptable) CLEARWATER, FL 33764 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)