

L000000015770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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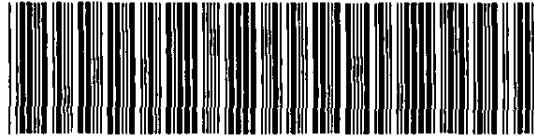
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T CLINE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$25.00

ORDER DATE : January 31, 2013

ORDER TIME : 3:50 PM

ORDER NO. : 516924-042

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: QUALITY ASSURANCE TESTING  
LABORATORIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: QUALITY ASSURANCE TESTING LABORATORIES, LLC

2. (a) Principal office address of limited liability company: 2326 Bellevue Avenue  
(Note: **MUST BE STREET ADDRESS**) Daytona Beach FL 32114

(b) Mailing address of limited liability company: 2326 Bellevue Avenue  
(Note: **MAY BE POST OFFICE BOX**) Daytona Beach FL 32114

12/20/2000

3. Date of filing/registration in Florida

L00000015770

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation

Registered Office Address: 1200 South Pine Island Road  
Plantation FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Deb Reeves  
(Signature of a member or authorized representative of a member)

Deb Reeves, Authorized Person  
(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 duties, 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.*

By: Sarah Wright  
(Signature of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**