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2355 SE. ANDREW F	SLVD.		
ANAMA CITY State FL	ZIP 3 2.405	005506473 -05/13/0201071018 *****25.00 ******25.0	
	Office Us	-	
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known)); U 72	
1. (Corporation Name)	(Document #)	TI BE THE	
2(Corporation Name)	(Document #)	FILED PM 12: 08	
3. (Corporation Name)	(Document #)	PATIONS LORIDA	
4(Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		ertified Copy ertificate of Status	
NEW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	
OTHER FILINGS	REGISTRATION/QUALIF	<u>ICATION</u>	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement		

CR2E031(7/97)

Examiner's Initials

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.

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1. The name of the limited liability company is: Quality Analytical (ABORATORIES)
2. The mailing address of the limited liability company is: 2355 St. ANDREW.
BLUD. PANAMA CITY, CLORIDA 32405
FEBRUARY 05, 2002 L0200000 2785
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
2355 St. ANDREWS BUD.
City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: STEVEN M. MULLINS Name 2355 SE. ANDREWS BLVD. Florida street address (P.O. Box NOT acceptable) PANAMA CITY FL 32405 City, State and Zip
PANAMA (ITY FL 32405 DE 08 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 authorized representative of a member) My—aw [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. (Signafule of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99) FILING FEE: \$25.00

409 E. GAINES St. 32399

INHS18(10/99)