

**M08 000001030**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

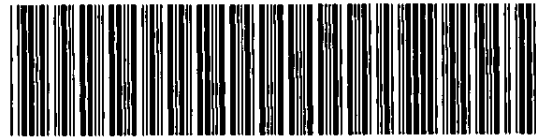
**M08-1030**

(Document Number)

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10/16/12--01002--006 \*\*25.00

FILED  
12 OCT 15 AM 9:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RECEIVED  
DEPARTMENT OF STATE  
12 OCT 15 PM 3:50

N. Culligan OCT 17 2012

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 10/15/2012

**REF. #:** 001626.174265

**CORP. NAME:** QUALA SERVICES, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT FILING |   |  |

**STATE FEES PREPAID WITH CHECK#** 101553 **FOR \$** 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2012

CORPDIRECT AGENTS, INC.  
RICKY SOTO

SUBJECT: QUALA SERVICES, LLC  
Ref. Number: M08000001030

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 OCT 16 PM 4:34  
NO. 00000000  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
10/15/12

We have received your document for QUALA SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent does not match the DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 012A00025425

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
10/15/12

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
10/15/12

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quala Services, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Annunciata  
Name of Person

Virtual Paralegal Services Inc.  
Firm/Company

60 Eaton Road  
Address

Framingham, MA 01701  
City/State and Zip Code

denise@virtualparalegalservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Annunciata at ( 508 ) 405-1943  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Quala Services, LLC
2. (a) Principal office address of limited liability company: 101 S. Franklin Street, Suite 101  
Tampa, FL 33602  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 101 S. Franklin Street, Suite 101  
Tampa, FL 33602  
**(Note: MAY BE POST OFFICE BOX)**
- 3/4/2008  
3. Date of filing/registration in Florida
- M08000001030  
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
Registered Agent: National Registered Agents, Inc.  
Registered Office Address: 515 East Park Avenue  
Tallahassee, FL 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: NRAI Services, Inc.  
**NEW** Registered Office Address: 515 East Park Avenue  
**(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.

Michael E. Bauer  
Signature of a member or authorized representative of a member

Michael E. Bauer, CEO  
Printed or typed name of signer

*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.*

Alice Ann  
Signature of Registered Agent

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