P01000009841

2255 5TH AVENUE NORTH ST. PETERSBURG, FLORIDA 33713

November 13, 2001

TEL: (727) 322-1612 FAX: (727) 328-0852

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ONSTRUCTION ON THE STATE OF THE

Dear Administrator:

Enclosed please find a Statement of Change of Registered Office for Q.F. Inc. along with a check in the amount of \$35.00.

Sincerely,

AUL C. SCHERER

300004684803--5 -11/16/01--01036--001 ******35.00 ******35.00

RA Chg,

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1500	
the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office	ce or registerea agent, or both, th
the State of Florida. 1. The name of the corporation: Q.F., Inc.	
1. The name of the corporation . Q.I., Inc.	
2. The mailing address of the corporation: 2255. 5th Avenue N	North, St. Petersburg
FL 33713	
3. Date of incorporation/qualification 1/25/2001 Docum	ment number: Pol 000009842
4. The name and address of the current registered agent and office:	
CSC Networks	
1201 Hays Street	
Tallahassee, FL 32301	1 . 60 - (60 -1
5. The name and address of the new registered agent (if changed) and/ (P. O. Box Not Acceptable)	or registered office (11 changed).
Paul C. Scherer	· -
2255 Fifth Avenue North	_
St. Petersburg, FL 33713	
The street address of its registered office and the street address of the agent, as changed, will be identical.	e business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board.	of directors or by an officer so
. 111 16	A A
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Allyn Avers (Printed or typed name and title)	
Having been named as registered agent and to accept service of procorporation, I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the oblinesistered agent.	cess for the above stated agree to act in this capacity. to the proper and complete ligation of my position as
	11-13-200 /
(Signature of Registered Agent)	//- /3-200 / (Date)
If signing on behalf of an entity:	
(Typed or Frinted Name)	(Capacity)
(") have no v version	

* * * FILING FEE: \$35.00 * * *