Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002680043)))



H170002580043ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (512)418-6949

Phone Fax Number

: (954)208-0845

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE QUALITY ASSURED SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of change is sub	bmitted for a corporation organ	)2, 607.1508, or 617.1508, Florida Statut nized under the laws of the State of Florid ered agent, or both, in the State of Florid	ia
1. The name of the corpor	ration: Quality Assured Services,	Inc.	
	CAD ODLANDO EL 30810		
3. The mailing address (if 30SOUTHKELLER			
4. Date of incorporation/c	qualification: 10/25/2001	Document number: P01000103237	}
5. The name and street ad		agent and registered office on file with the	
CORPO	RATIONSERVICECOMPANY		
1201HA	AYSSTREET		•
TALLA	HASSEE,FL32301-2525		
		nt (if changed) and /or registered office	PH.E
CTCorp	oorationSystem		
e/oCTC	orporationSystem,1200SouthP	inelslandRoad	PH 12: 50
Plantatio	P.O Box NOT on,Florida33324	Facceptable	<b>2</b> 6 6
		address of the business office of its regi	
Such change was authorized by the board,	ized by resolution duly adopted or the corporation has been no	I by its board of directors or by an office of the change.	er so
P Belange	cei or director	PatriciaBelanger	
I hereby accept the apport of further agree to comply performance of my dutient agent. Or, if this document	intment as registered agent an y with the provisions of all stat ss, and I am familiar with and t	d agree to act in this capacity, nues relative to the proper and complete accept the obligation of my position as re ect a change in the registered office ado	egisterca
By: CT CorporationS	Ĺ	10/9/2017	
Signature of Ke	gistered Agent	Date	
If signing on behalf of at James M. Halpin Assistant Secretary			
Typed or Print	* * * FILING FF	'\$r.\$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314

CR2E045 (03/12)