## POUDO157808

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PICK-UP WAIT MAIL
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(Document Number)
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11/14/06--01024--014 \*\*245.00





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

statement of change is submitted for a corporat	t, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name of the corporation: Quorn Hou	nds, Inc.
2. The principal office address: 8588 Potte	Park Drive, Suite 500, Sarasota, FL 34238
	<del></del>
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 11-19	-2004 Document number: P04000157808
5. The name and street address of the current re Florida Department of State:	gistered agent and registered office on file with the
Mark Royall	d
8588 Potter Park	Drive, Suite 500
Sarasota, FL 3423	88
6. The name and street address of the new regist (if changed):	tered agent (if changed) and /or registered office
Justin Powell	TAR ASS
(same address)	T acceptable)
(P.O. Box NO	T acceptable)  FLORITORIO
The street address of its registered office and tas changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution dul authorized by the board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
Hero Signature of an officer or director)	Hugh F. Culverhouse, President (Printed or typed name and fittle)
I hereby accept the appointment as registered I further agree to comply with the provisions of of my duties, and I am familiar with and accep document is being filed merely to reflect a cha corporation has been notified in writing of thi	agent and agree to act in this capacity, of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this unge in the registered office address, I hereby confirm that the s change.
130	02706
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	<del>na d</del> e la companya de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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