

P05000033320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

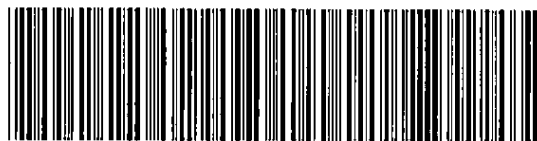
(Document Number)

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MAY 06 2019

FILED
2019 MAY 3 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
19 MAY -3 AM 11:25
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
TALLAHASSEE, FL ORIDA

RIA-CH

ST

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 5/3/2019

Acc#120160000072

en: c SW

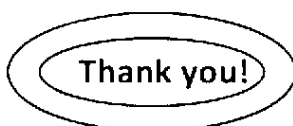
Name:	QGIV, INC.
Document #:	
Order #:	11648274

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Qgiv, Inc.

Name of Corporation

DOCUMENT NUMBER: P05000033320

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liela Morad

Name of Contact Person

c/o Kirkland & Ellis LLP

Firm/Company

300 North LaSalle

Address

Chicago, IL 60654

City/State and Zip Code

lindsay.hudson@spherecommerce.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Qgiv, Inc.
2. The principal office address: 207 Bartow Road, LAKELAND, FL 33801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/03/2005 Document number: P05000033320
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BAYLIS, STEPHEN T

207 Bartow Road

LAKELAND, FL 33801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

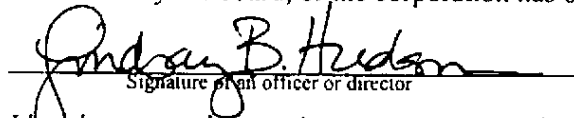
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

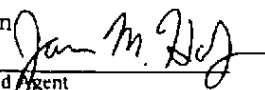
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lindsay Hudson, Secretary and General Counsel

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

5-2-19

Date

If signing on behalf of an entity:

James M. Halpin, Asst. Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
2019 MAY 3 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL