## P070000 43281

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	——————————————————————————————————————	

Office Use Only



000339892290

01/31/20-HONLE DIE HES/0

20701. -5 PH 3:30

R. WHITE MAR 0 5 2020



February 26, 2020

QALIFE, INC. 7264 IMPERIAL BEACH CIRCLE DELRAY BEACH, FL 33446

SUBJECT: QALIFE, INC. Ref. Number: P07000043281

We have received your document for QALIFE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 720A00004236

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 611.1508, Florida Statutes, this
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or all the State of Florida.  Statement of change is submitted for a corporation organized under the law of the State of Florida.
statement of change is submitted for a corporation organized under 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: QALIFE INC.  7761: IMPERIAL BEACH CIRCLE
2. The principal office address: 1464 1111 2111 3 3 446
DELRAY BEACH, FLORIDA 33 140
3. The mailing address (if different):
4. Date of incorporation/qualification: PRIL 6 7007 Document number: PO700043281
4. Date of incorporation/qualitication: (1) KR 15 (1) LID 1.  5. The name and street address of the current registered agent and registered office on file with the
Flonda Department of State: (It resigned, effect resigner)
BSPA CORPORATE SERVICESAUC,
350 EAST LAS OLAS BOILEVARD, SUITE 1000
FORT LAUDERDALE FLORIDA 33301
6. The name and street address of the new registered agent (if changed) and for registered office
(if changed):
CALIFE INC Illianuel Coner &
7764 IMPERIAL BEACH CIRCLE
DELRAY BEACH, FLORIDA 33446
The street address of its registered office and the street address of the business office of its registered agent
as changed with our techniques of the an officer so : Co
audiorized by the bound, or the jet j
Signature of an atricer or director
Significant the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to the proper and complete. I further agree to comply with the provisions of all statutes relative to the proper and complete. I further agree to comply with the provisions with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered 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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I agent. Or, if this document is being filed merely to reflect a change in the registered office address, I agent.
I further agree to comply with the property with and accept the bottleath of my postage address, I performance of my duties, and I am familiar with and accept the bottleath registered office address, I agent Or, if this document is being filed merely to reflect a change in the registered office address, I agent Or, if this document is being filed merely to reflect a change of this change.
hereby confirm that the corporation has been thought the transfer that the corporation has been thought the corporation of the corporation has been thought the corporation of the corporation of the corporation has been thought the corporation of the corporatio
Signature of Registered Agent
If signing on behalf of an entity:
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