

PD7000055738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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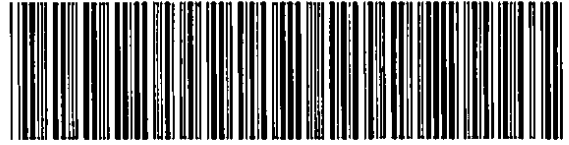
(Business Entity Name)

(Document Number)

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2018 AUG 24 PM 4:57

AUG 28 2018  
COMMUNITY

## COVER LETTER

DEPARTMENT OF  
DIVISION OF CORPORATIONS

TO: Amendment Section  
Division of Corporations

2010 AUG 24 PM 4:57

SUBJECT: Quality Rental Concepts, Inc., a Florida corporation  
Name of Corporation

DOCUMENT NUMBER: P07000055738

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:

Maria Christenson

Name of Contact Person

Firm/Company

6831 W. Kendale Circle

Address

Lake Worth, FL 33467

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael E. Leach, Esq.

Name of Contact Person

at ( 954 ) 351-8800

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: Quality Rental Concepts, Inc.
2. The principal office address: 1206 16th Avenue SW  
Vero Beach, FL 32962
3. The mailing address (if different): 6831 W. Kendale Circle  
Lake Worth, FL 33467
4. Date of incorporation/qualification: 05/09/2007 Document number: P07000055738
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)

Harold J. Christenson (deceased)

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

Maria Christenson  
6831 W. Kendale Circle  
Lake Worth, FL 33467  
P.O. Box NOT acceptable

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FILING OF STATEMENT

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.

Maria Christenson  
Signature of an officer or director

Maria Christenson, President  
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.*

Maria Christenson  
Signature of Registered Agent

8/17/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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