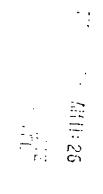
000113751

(Requestor's Name)
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(Document Number)
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R. HURT 0/////

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 326688 8438514

AUTHORIZATION

COST LIMIT : \$\frac{3}{3}5..00

ORDER DATE: February 20, 2024

ORDER TIME : 9:26 AM

ORDER NO. : 326688-003

CUSTOMER NO: 8438514

CHANGE OF AGENT

NAME: QUATRRO BUSINESS SUPPORT

SERVICES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

statement of cha	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Stati tion organized under the laws of the State of Flo	orida
in orde	er to change its registered office	e or registered agent, or both, in the State of Flori	ida.
1. The name of	the corporation: QUATRRO BL	JSINESS SUPPORT SERVICES INC.	
2. The principal	office address: 441 Centrewoo	od Drive, Tarpon Springs, FL 34688	
3. The mailing a	address (if different): 1850 Part	kway Place SE, Suite 1100, Marietta, GA 3006	7
		Document number: P07000113	
	d street address of the current re rtment of State: (If resigned, ent	egistered agent and registered office on file with the resigned)	he
	C T Corporation System		
	1200 South Pine Island Road	1	1. 1. 1. 1.
	Plantation	FL 33324	-
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered office	77.
	Corporation Service Compan	y :	### 26 ### 26
	1201 Hays Street	,-	76
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		he street address of the business office of its reg y adopted by its board of directors or by an office s been notified in writing of the change.	
authorized by th	e board, or the corporation has		
/s/ David	·	David Ford, Vice President	
I hereby accept I further agree t of my duties, and document is bein corporation has	o comply with the provisions of	Agent and agree to act in this capacity of all statutes relative to the proper and complete the obligation of my position as registered age not the registered office address, I hereby cost change.	e performance ent. Or, if this infirm that the
3y: _(& x	, m lei	02/21/2024	
- 3	প্রture of Registered Agent ' nalf of an entity:	Date	
0 0	Asst. Vice President		
	ped or Printed Name	_	
•	T T T MARK	THIC DUD. 625.00 ± 4.4	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)