## P07828

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2009 MAY -8 PH 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORID

AJR 5/11/09



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

9**.7.8**79**2**, 481034

AUTHORIZATION : MANUEL AUTHORIZATION

COST LIMIT : \$35.00

ORDER DATE: May 1, 2009

ORDER TIME : 9:20 AM

ORDER NO. : 978792-025

CUSTOMER NO: 4810346

CHANGE OF AGENT

NAME: QUALITY CARRIERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

		0502, 607.1508, or 617.1508, Florida $_{ m c}$ ganized under the laws of the State of $_{ m c}$	
		gistered agent, or both, in the State of I	
1. The name of	the corporation: QUALITY CAF	RRIERS, INC.	
2. The principal	office address:		
4041 Par	k Oaks Boulevard, Tampa, F	L 33610	
	address (if different):k Oaks Boulevard, Attn: Jan	ney Henderson, Tampa, FL 33	3610
4. Date of incor	poration/qualification: 10/22/1985	Document number: P0782	28
	d street address of the current registere rtment of State:	ed agent and registered office on file wi	ith the
•	C T Corporation System		
	1200 South Pine Island Roa	ıd	F II 78ECRET
	Plantation, FL 33324		HAY -8 P CAHASSEE
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered of	RY OF STAIL SEE. FLORI
	Corporation Service Compa	any	FARE -
	1201 Hays Street		<b>T</b>
	(P.O. Box NOT accepta	able)	<del></del>
	Tallahassee, FL 32301		_
The street address changed will	ess of its registered office and the stre l be identical.	eet address of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an i notified in writing of the change.	officer so
Mus	ure of an officer or director)	Maureen Cullen, Attorne	-
I hereby accept I further agree of my duties, an document is bet corporation has		t and agree to act in this capacity. statutes relative to the proper and cor obligation of my position as registere n the registered office address, I here nge.	,
By:	a Chil	05/06/2009	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Elizabeth A	. Dawson, Asst. Vice Preside	ent	•
("	Typed or Printed Name)		

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

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