

PO8000086229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

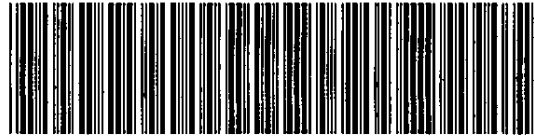
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 16 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Concepts and Industries, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000086229

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:

Scott Ellerin
Name of Contact Person

Quality Concepts and Industries, Inc.
Firm/Company

10365 Hood Road, Suite 101
Address

Jacksonville, Florida 32257
City/State and Zip Code

srellerin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Ellerin at (904) 636-9901
Name of Contact Person 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 Concepts and Industries, Inc.
2. The principal office address: 10365 Hood Road, Suite 101
Jacksonville, Florida 32257
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09-19-2008 Document number: P08000086229
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)

Scott Ellerin

3589 Lone Tree Lane

Jacksonville, Florida 32216

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

Scott Ellerin

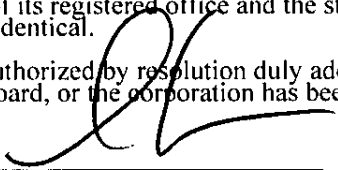
10365 Hood Road, Suite 101

P.O. Box NOT acceptable

Jacksonville, Florida 32257

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.

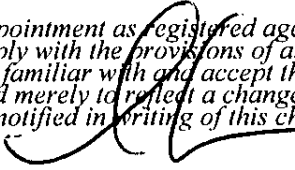


Signature of an officer or director

Scott Ellerin, 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.



Signature of Registered Agent

11-4-09

Date

If signing on behalf of an entity:

Scott Ellerin

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
CR2E045 (8/05)