P08000090278

•
(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500160831775

10/01/09--01019--007 **35.00

FILED
2009 OCT -1 PM 1: 14

R.A

70CT

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: QUALITY EL	ECTRONIC COMPO						
DOCUMENT NUMBER:	P080000902	278					
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:							
•	•	C					
	JAYSON T ZORTMA	AN					
Name of Contact Person							
QUALITY ELECTRONIC COMPONENTS INC							
	Firm/Company						
		_					
1634 S.E. 47TH ST.							
Address							
CAPE CORAL,FL . 33904 City/State and Zip Code							
DRJTZ@AOL.COM							
E-mail address: (to be used for future annual report notification)							
For further information concerning th	is matter, please call:						
DR JAYSON T ZOR	TMAN at (7	712 \ 389_1381					
Name of Contact Pers	on Are	712) 389-1381 a Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Add Amendment	<u>ress:</u> Section	Street Address: Amendment Section					
		Division of Corporations					
P.O. Box 63	•	Clifton Building					
Tallahassee		2661 Executive Center Circle					
	•	Fallahassee, FL 32301					

TO:

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

statement of cha	nge is submitted for a co	rporation organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of FLORIDA
1. The name of	the corporation: QUAL	ITY ELECTR	ONIC COMPONEI	NTS INC.
2. The principal	office address: 1634 S	.E. 47TH ST.		
	CAPE	CORAL,FL 339	04	
3. The mailing a	ddress (if different): PC	BOX 100687		
····	CA	PE CORAL,FL.	33910	
4. Date of incorp	poration/qualification:	10/03/2008	Document number:	P08000090278
	d street address of the cur rtment of State: (If resign		t and registered office on fi	ile with the
	UNITED STATES	CORPORATION	N AGENTS INC	
	320 S.FLAMINGO	ROAD		2009 OCT
	PEMBROKE PINE	S FL.33027		
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or registere	ed office F. P.S
	JAYSON T ZORTM	MAN		TATE ORIG
	1634 S.E.47TH ST			
	0405 00041 51	P.O. Box NOT acc	ceptable	
	CAPE CORAL, FL			
The street address changed will	ess of its registered office be identical.	e and the street add	lress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	vits board of directors or ed in writing of the chang	by an officer so e.
Signatu	re of an writer or director		JAYSON T Z	ORTMAN c and title
	the appointment as reg to comply with the prov. ad I am familiar with an ing filed merely to reflect s been notified in writing	istered agent and a isions of all statutes d accept the obliga A change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, T JAYSON T Z	
_	chalf of an entity		240	
<u> </u>				
T	yped or Printed Name	 		

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