

PO90000 12763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

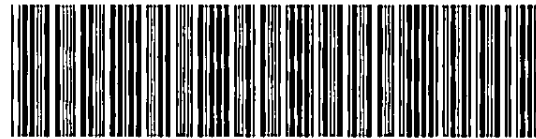
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 26 PM 5:08

SEC. OF STATE
TALLAHASSEE, FL

OCT 14 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QBS, Inc. of FL
Name of Corporation

DOCUMENT NUMBER: P09000012763

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:

Compliance Department
Name of Contact Person

Firm/Company
2600 W. Geronimo Pl., #100
Address

Chandler, AZ 85224
City/State and Zip Code

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

For further information concerning this matter, please call:

Jamie Hodges at (480) 993-2650
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 FL
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: QBS, Inc. of FL
2. The principal office address: 280 Hindman Rd. Travelers Rest, SC 29690
3. The mailing address (if different): 2600 W. Geronimo Pl., #100 Chandler, AZ 85224
4. Date of incorporation/qualification: 2/9/09 Document number: P09000012763
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)

Lynn Evette

7 Warren Pl.

Palm Coast, FL 32164

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

Cogency Global Inc.

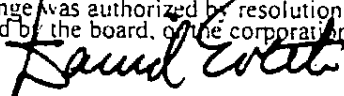
115 N. Calhoun St., #4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

David Evette, 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

8/27/2019

Date

If signing on behalf of an entity:

Alan Enriquez

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 (03/12)