From: Kaity Toon

Page: 2 of 3

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To:	Division of Corporations Fax Number : (850)617-6380		
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 the email address for this business ual report mailings. Enter only on		for future ase.**
LO Ema:	il Address:		7. 35. 37.
1	REGISTERED AGENT QD RISK SERVICE		L-5 AR VARY OF AMASSE
1	·		-5 AM ARY OF WASSEE
1	QD RISK SERVICE	ES, INC.	-5 AH ARY OF HASSE
1	QD RISK SERVICE	ES, INC.	-5 AM ARY OF MASSEE

Electronic Filing Menu

Corporate Filing Menu

Help A. BUTLER JUN 0 6 2022

By:

To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\footnote{\cite{Linear}}$

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th inge is submitted for a corporation organized under the laws of the State of 11. or to change its registered office or registered agent, or both, in the State of Florida.	is ——	_				
1. The name of t	the corporation: QD RISK SERVICES INC.						
2. The principal office address: 1208 E. Kennedy Blvd., Ste 132 Tampa, FL 33602							
3. The mailing at	nddress (if different):						
4. Date of incorporation/qualification: 04/10/2009 Document number: P09000032927							
5. The name and	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)						
	CORPORATION SERVICE COMPANY	202					
	1201 HAYS STREET, TALLAHASSEE, FL 32301	.022 JUL -5					
	AAR) MAR	5	1				
6. The name and (if changed);		4H 9: 4					
	C T Corporation System	7					
	1200 South Pine Island Road						
	P.O. Box NOT acceptable Plantation, Florida 33324						
The street addre as changed will	ess of its registered office and the street address of the business office of its registere be identical.	:d age	111,				
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.						
•	Joe Davis, Vice President						
I hereby accept to I further agree to of my duties, and document is being the control of the con	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete perfud I am familiar with and accept the obligation of my position as registered agent. Complete merely to reflect a change in the registered office address, I hereby confirm to be sufficiently as the confirmation of the proper and complete perfusion of the registered office address, I hereby confirmation of the confirmation of this change.	forma Or, if t that i	nce his the				
age	7/1/2022						
Ĭ.	Alfred Younan Chalf of an entity: Assistant Secretary						
Ty	yped 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 (04/13)