P0900004/342

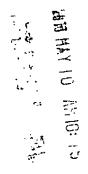
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

The state of the s SUBJECT: QUALITY COMMISSIONING AND CONSULTING INC.

Name of Corporation

P09000041342 DOCUMENT NUMBER:

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:

Earl Green

Name of Contact Person

QUALITY COMMISSIONING AND CONSULTING INC.

Firm/Company

4250 ALAFAYA TRAIL Ste 212.336

Address

OVIEDO, FL 32765

City/State and Zip Code

egreen@qualitycx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Earl Green

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: QUALITY COMMISSIONING AND CONSULTING INC.
2. The principal	office address: 1406 Lake Margaret Drive O, FL 32806
	ddress (if different): 4250 ALAFAYA TRAIL Ste 212.336 D, FL 32765
4. Date of incorp	poration/qualification: 05/08/2009 Document number: P0900041342
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	UNITED STATES CORPORATION AGENTS, INC.
	13302 WINDING OAKS BLVD., SUITE A-100
	TAMPA, FL 33612
6. The name and (if changed):	TAMPA, FL 33612 street address of the new registered agent (if changed) and /or registered office.
	Registered Agents Inc.
	Registered Agents Inc. 7901 4TH STREET NORTH SUITE 300
	P.O. Box NOT acceptable ST.PETERSBURG, FL 33702
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so good, or the corporation has been notified in writing of the change.
Nignatur	Earl Green, President, Secretary Printed or typed name and title
I further agree to performance of i	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The statutes and I am familiar with and accept the obligation of my position as registered To state a change in the registered office address. I That the corporation has been notified in writing of this change.
MANSign	ature of Registered Agent 5/6/20/9 Date
If signing on bel	nalf of an entity:
FARL GO	PEFW ON BEHALF OF BILL HAURE ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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