

P10000044305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

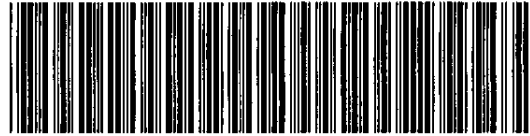
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*RACHARGE*

FEB 11 2013

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUESTCOMM MANAGEMENT INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000044305

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:

ADAM J KTZ, ESQ.  
Name of Contact Person

ADAM J KATZ. P.A.  
Firm/Company

5571 N UNIVERSTY DR 204  
Address

CORAL SPRINGS, FL 33067  
City/State and Zip Code

ADAM@ADAMJKATZPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA LE ROY at 954 761-8080  
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: QUESTCOMM MANAGEMENT INC.
2. The principal office address: 3178 W COMMERCIAL BLVD.  
TAMARAC, FL 33309
3. The mailing address (if different): PO BOX 590098  
TAMARAC, FL 33359
4. Date of incorporation/qualification: 05/21/2010 Document number: P10000044305
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)

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145

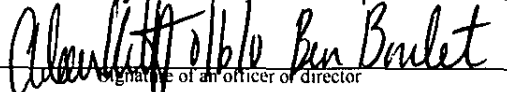
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ADAM J KATZ, ESQ.  
5571 N UNIVERSITY DR., SUITE 204  
P.O. Box NOT acceptable  
CORAL SPRINGS, FL 33067

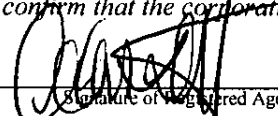
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**TALLAHASSEE, FLORIDA**

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.

 BEN B BOULET  
Signature of an officer or director 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.*

 1/31/2013  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Adam Katz  
Typed or Printed Name

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