

P10000057908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

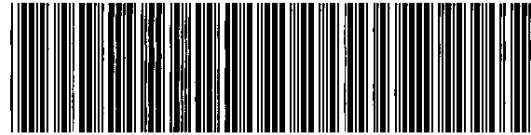
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA On
8/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUALITY VALUES, INC.
Name of Corporation

DOCUMENT NUMBER: P10000057908

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:

JERRY FREID

Name of Contact Person

QUALITY VALUES, INC.

Firm/Company

6135 KINGS GATE CIRCLE

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

bizdoctor1@msn.com

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

For further information concerning this matter, please call:

JERRY FREID

Name of Contact Person

at (561) 865-5686

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2010

JERRY FREID
6135 KINGS GATE CIRCLE
DELRAY BCH, FL 33484

SUBJECT: QUALITY VALUES, INC.
Ref. Number: P10000057908

We have received your document for QUALITY VALUES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the registered agent is changing, please add the new info to part 6 of your form. Part 5 is for the name and address of the old registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 210A00019317

**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: QUALITY VALUES, INC.
2. The principal office address: 6135 KINGS GATE CIRCLE
DELRAY BEACH, FL 33484
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7-15-10 Document number: P10000057

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)

JERRY FREED
6135 KINGS GATE CIRCLE
DELRAY BEACH, FL 33484

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TALLAHASSEE, FLORIDA

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

P.O. Box NOT acceptable

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.

Jerry Freed
Signature of an officer or director

JERRY FREED
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.

Jerry Freed
Signature of Registered Agent

8-4-10
Date

If signing on behalf of an entity:

JERRY FREED
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 (8/05)