## P10000066537

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## COVER LETTER ...

TO:

Amendment Section Division of Corporations

Name of Corporation	
DOCUMENT NUMBER: P10000066537	
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing
Please return all correspondence concerning	this matter to the following:
Shannon Druen	
Name of Contact Person	<del></del>
Delta Q Fire & Explosion Consultants, Inc.	
irm/Company	
1655 McFarland Blvd, N Ste 131	
Address	
Tuscaloosa, AL 35406	
City/State and Zip Code	
sds@dqfire.com	
E-mail address: (to be used for future an	nual report notification)
2-mail address. (to be dsed for future an	mual report notification)
For further information concerning this mat	ter, please call:
Shannon Druen	, 800 \ , 403-5750

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

Name of Contact Person

Amendment Section
Division of Corporations
The Centre of Tallahassee

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	2, 617.0302, 607.1308, or 617.1308, Ftorida Statutes tion organized under the laws of the State of <mark>Flotida</mark> c or registered agent, or both, in the State of Florida.	
L. The name of t	he corporation; Delta Q Fire &	Explosion Consultants, Inc.	
		TE 300. St. Petersburg, FL 33702	
		arland Blvd. N Ste 131, Tuscaloosa, AL 35406	
4. Date of incorp	poration/qualification: 08/12/10	Document number: P10000066537	
	I street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file with the iter resigned)	
	Christopher F. Schemel		
	201 Vintage Bay Drive. #28		
	Marco Island, FL 34145		
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	
	Northwest Registered Agent LL	C	53
	7901 4th St N STE 300		
	_	P.O. Box NOT acceptable	2)
	St. Petersburg FL 33702	·	75 2.3
The street address changed will	ess of its registered office and	the street address of the business office of its regis	
~		ly adopted by its board of directors or by an officer as been notified in writing of the change.	· sō
Sh	annu Druca	Shannon Druen/Corporate Secretary	
I hereby accept I further agree of my duties, an document is he	to comply with the provisions	Printed or typed name and title  d agent and agree to act in this capacity.  of all statutes relative to the proper and complete p  opt the obligation of my position as registered agen  ange in the registered office address, I hereby confiss change.	performanc L. Or, if thi irm that the
T+N-		11/14/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Taylor Newman			
Ť	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)