

P120000062398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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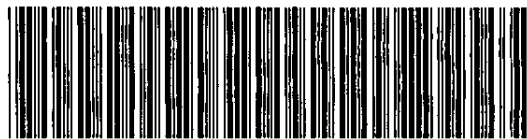
(Business Entity Name)

(Document Number)

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MAR 20 2013

T. CAULEY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 MAR 18 AM 11:38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Qualified Supply Source Corp
Name of Corporation

DOCUMENT NUMBER: P12000062398

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:

Nancy E Gipper

Name of Contact Person

Qualified Supply Source Corp

Firm/Company

6037 BIRNAM WOOD LN

Address

FORT MYERS FL 33908

City/State and Zip Code

mylumberlady@gmail.com

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

For further information concerning this matter, please call:

Nancy E Gipper

Name of Contact Person

at (239) 707-3312

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: Qualified Supply Source Corp
2. The principal office address: 4928A Viceroy St, Cape Coral FL 33904-9052
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 17, 2012 Document number: P12000062398
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)

Nancy E Gipper

4928A Viceroy St, Cape Coral, FL 33904-9052

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

6037 Birmam Wood Lane, Fort Myers, FL 33908

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.

Nancy E Gipper
Signature of an officer or director

Nancy E Gipper, President

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.

Nancy E Gipper
Signature of Registered Agent

3/18/13
Date

If signing on behalf of an entity:

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 (03/12)

13 MAR 19 AM 11:38

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