

PI3000066799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

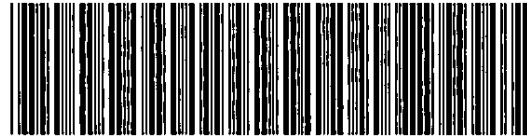
(Business Entity Name)

(Document Number)

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14 APR 24 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
MAY 2 2014  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: QMS Inc  
Name of Corporation

DOCUMENT NUMBER: P13000066799

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:

William Minor  
Name of Contact Person

QMS, Inc  
Firm/Company

423 Bayfront PL  
Address

Naples FL 34102  
City/State and Zip Code

bill@qmsgroup.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Minor at ( 239 ) 530-8838  
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: QMS INC.
2. The principal office address: 423 Bayfront PL  
NAPLES FL 34102
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/9/2013 Document number: P13000066799
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)

MINDER, WILLIAM  
760 14TH AVE NW  
NAPLES FL 34120

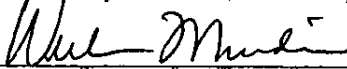
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MINDER, WILLIAM  
423 Bayfront PL  
P.O. Box NOT acceptable  
NAPLES FL 34102

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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.

  
Signature of an officer or director

WILLIAM MINDER SECRETARY  
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.

  
Signature of Registered Agent

4/21/14  
Date

If signing on behalf of an entity:

WILLIAM MINDER  
Typed or Printed Name

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