## P96000019074

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
AND ANASSEE, FLORIDA

RAcheurge Neuris 9-17-10

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Jewish Quality Singles, Inc.  Name of Corporation	
DOCUMENT NUMBER: P96000019074	
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:	
Shmuel Alouf Name of Contact Person	
Jewish Quality Singles, Inc. Firm/Company	
7451 W OAKLAND PK BLVD Suite B	
LAUDERHILL FL 33319 City/State and Zip Code	
israel@jqs.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shmuel Alouf at ( .514 ) 685-6777  Name of Contact Person Area Code & Daytime Telephone Nu	mber

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, to hange is submitted for a corporation organized under the laws of the State of Florida	his
	der to change its registered office or registered agent, or both, in the State of Florida.	•
1. The name of t	f the corporation: Jewish Quality Singles, Inc.	
2. The principal	al office address: 7451 W OAKLAND PK BLVD Suite B	
LAUDERH	HILL FL 33319	
3. The mailing a	address (if different):	
4. Date of incom	orporation/qualification: 03/01/96 Document number: P960000	019074
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Maurice Elalouf - Resigned	1
	1780 Ne 191 St Suite 513	
,	NMB FL 33179	5 5
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office ?	D 00
	Shmuel Alouf RATE	<u> </u>
	1780 Ne 191 St Suite 513	
	P.O. Box NOT acceptable	
	NMB FL 33179	
The street address changed will	ress of its registered office and the street address of the business office of its register ill be identical.	red agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer s the hoard, or the corporation has been notified in writing of the change.	it
Signati	Clare of an officer by director English or typed name and title	******
I hereby accept I further agree of my duties, an document is be corporation has	pt the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. Weing filed merely to reflect a change in the registered office address, I hereby confinition to the proper and the proper and complete per agent.  The proper state and the provision of the property	rformance Or, If this m that the
	September 3rd 2010 Date  September 3rd 2010	
	behalf of an entity:	
(,	RAFI) ALOUT	

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

Typed or Printed Name