103873

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SE RETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: QFCS/NC. Name of Corporation
DOCUMENT NUMBER: V 03873
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:
JEFF MCGOVERN Name of Contact Person
Name of Contact Person
QFCS, INC.
QFCS INC. Firm/Company $5180 NW 109^{+h} 7ERRACE$ Address $CORAC SPRINGS FL 33076$ City/State and Zip Code
CORAL SPRINGS FL 33076
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEFF M CG OVERN at (954) 328-3826 Name of Contact Person at (954) Area Code & Daytime Telephone Number
Name of Confact 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 Fwile D4 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: QFCS_INC -
2. The principal office address: 5180 NW 109 th TERRACE
CORAL SORINGS, FC 33076
3. The mailing address (if different):
4. Date of incorporation/qualification: 1 - 03 - 1993 Document number: V 03873
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)
ROBBINS, EDWARD S. ESQ.
ROBBINS, EDWARD S. ESQ. 800 SE 3 PD AVE., SUITE 300
FORT LAUDERDLE, FC 33316
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): STOK, KON + BRAVER MANY
CIO ROBBINS, EDWARD S. ESQ.
ONE EAST BROWARD BLYD SUITE 915 P.O. BOX NOT acceptable
FORT LAWERDACE FL 33301
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 topporation has been notified in writing of the change.
JEFF 1 GOVERN PLES! DES!
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.
Grad Date Signature of Registered Agent Date
If signing on behalf of an entity: LI WATEL S. (20 B) In S. (59. STOK, HON + BRNGRMM Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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