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COVER LETTER

то:	Registration Section Division of Corporations					
CHR II	QUIVER 28, LLC					
SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Płease	return all correspondence concerning th	is matter to the	following:			
ROBE	ERT E. SCHWARTZ		_			
	Name of Person	N+1-11 + +	allinorus			
	Firm/Company					
3140	JUNIPER AVE					
	Address					
MIDD	LEBURG, FLORIDA 32068					
	City/State and Zip Code					
seajay	y79@bellsouth.net					
E	-mail address: (to be used for future ann	ual report noti:	ication)			
For fur	ther information concerning this matter.	please call:				
ROBE	ERT SCHWARTZ	904 at (710-9338			
	Name of Person	\	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fec	□ S.	55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: QUIVER 28,	LLC				
2. (a)	3140 JUNIPER AVE	(b) 3140 JUNIPER AVE				
(,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited			
	MIDDLEBURG, FLORIDA 32068	MIDDLE	<u>(Note: MAY BE POST</u> EBURG, FLORIDA			ע
	WIBBELDONG, FEONIDA 32000		LBONG, FLORIDA	320	<u> </u>	
	05/04/2016	L160000	88436			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	MICHAEL S. FOSTER					
φ. (u,	Registered Agent and Registered Office shown on the records of MICHAEL S. FOSTER	f the Florida Dept, of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET) 3380 LIGHTHOUSE POINT	"ADDRESS)	_			
	JACKSONVILLE F	L ³²²⁵⁰	- -		2019	
(b)	ROBERT E. SCHWARTZ		,		2019 OCT	
. ,	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	-		0	:
	ROBERT E. SCHWARTZ			,	PH	
	NEW Registered Office Address:		_	•	2: 3	(23)
	3140 JUNIPER AVE		: -	(T)	32	
	MIDDLEBURG . F	L_32068	_			
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lore authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered offic liability company, it i of the limited liabilit	e and the business off is hereby confirmed the ty company or as othe	ice of	the reg	gistered e(s)
	184 E Sill	ROBERT E.	SCHWARTZ			
-	ture of a member or authorized representative of a member		Printed or typed name of	_		
provis. the obi to mep	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflectly change in the registered office address, I d in writing of this change.	gree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that	oacity. I further agree duties, and I am famil 5, F.S. Or, if this doct the limited liability co	to coi liar wi ument ompan	nply with and is being y has	ith the laccept ig filed been
Signati	are of Registared Agent					
	Division of Corporations P.O.	Box 6327 Tallaha	ssee. FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)