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to.

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC. Account Number: 120090000081 Phone:: (307)200-2803 Fax Number: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

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LLC REGISTERED AGENT CHANGE

QMBC LLC

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T. LEIMEUX

JAN 2 5 2023

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: QMBC L	LC_					
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Vailing address of him (Note: MAY BE Pt			•
	7901 4th St N STE 300		7901 4th St N STE 300				
	St. Petersburg FL 33702		St. Peter	sburg FL 3370	2		
	12/19/22		L2200	0531151			
3.	Date of filing/registration in Florida	4.		Document number	20		
5. (a)	QUINN, BARRY						
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept-of State	·,			
	221 SOUTHWEST 12TH STREET						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>((S)</u>				
	APT 705						
	Miami	3313	80	1	÷		
(b)	Northwest Registered Agent L	LC		~	,	2023 JAN	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	ddress:			\sim	
	7901 4th St N					Hd h	<u>. </u>
	NEW Registered Office Address:					<u>ب.</u>	
	STE 300				₽-	. 26	
	St. Petersburg	3370	2		·	_	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability (of the li limited	istered office company, it is mited liability	and the business hereby confirmed company or as o	office of that th	of the r ic char	egistered (ge(s)
Siyna	nure of a member or authorized representative of a member		, ,,	Printed or typed nam	ne of sign	ec	
provis the ob- to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	perford d for in hereby	nance of my a Chapter 605, confirm that t	luties, ánd Lam fa . F.S Or, if this a	miliar : locumer	with an u is be	id accept ing filed
The post	Taylor Newman - Assistan	t Secr	etary				

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent