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To:

Division of Corporations

Fax Number

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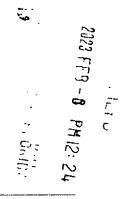
Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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

## LLC REGISTERED AGENT CHANGE QR EAST POMPANO IC III LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



## 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.

. Na	ame of the limited liability company: QR East Pompa	no IC II	LLC		
. (a)	518 17th Street Suite 1700		(b) 518 17th S	reet Suite 1700	
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Denver, CO 80202		Denver, Co	O 80202	
	01/14/2019		M19000000	486	
	Date of filing/registration in Florida CT Corporation System	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records of	Stha Ela	ride Dans of State	_ ^-	
	1200 South Pine Island Road	n the rio	nda Dept. of Stati	c.	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRI	<u>:222)</u>	<del>-</del>	
	Plantation, F	L 33324		<del>-</del> -	
(b)	United Agent Group Inc.				
107	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	address:	-	
	801 US Highway I				
	NEW Registered Office Address:			2023	
	North Palm Beach	L 33408		<u>म</u> स	
iange gent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the regist	he State of Flo ered office and company, it is imited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
		S	aray Djidji, Atto		
herei	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	gree to a	act in this capa	Printed or typed name of signee acity. I further agree to comply with the	
rovisi 1e obl 1 mere	ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, l I'm writing of this change.	e perfor ed for i hereby	mance of my on the confirm that i	duties, and I am familiar with and accep . F.S. Or, if this document is being filed the limited liability company has been	
<u>, —</u>	Saray Djidji, Special Secretary				
ignatu	re of Registered Agent				