11/10/2015 9:49:43 AM From: To: 8506176380(1/3)



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To:

Division of Corporations

Fax Number : (850)617-6380

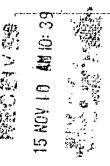
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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (850) 205-8842 Phone Fax Number : (850)878-5368

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REGISTERED AGENT CHANGE Q.RESORTS, INC.

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(14)

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Q.RESORTS, INC.
00,047	Name of Corporation
DOCU	F08000000955 JMENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KAYLA DAVIS
	Name of Contact Person
	CT CORPORATION
	Firm/Company
	2075 CENTRE POINTE BLVD, SUITE 101
	Address
	TALLAHASSEE, FL 32308
	City/State and Zip Code
	bhershlaw@att.net
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
KAYL	A DAVIS 850 637-1628
******	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State,
	Mailing Address: Amendment Section Amendment Section
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2. The principal office address: 111 N.E.1ST STREET, 4TH FLOOR MAIMI, FL 3: 3. The mailing address (if different):	er: F08000000955 lice on file with the
3. The mailing address (if different): 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered offi Florida Department of State: (If resigned, enter resigned) ARIEL QUIROS 111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and /or registered):	er: F08000000955 lice on file with the
5. The name and street address of the current registered agent and registered offi Florida Department of State: (If resigned, enter resigned) ARIEL QUIROS 111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and /or to (if changed):	ice on file with the
Florida Department of State: (If resigned, enter resigned) ARIEL QUIROS 111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and for a (if changed):	2015 NOV 10
MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and /or to (if changed):	registered office
MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and /or to (if changed):	registered office
MIAMI, FL 33132 6. The name and street address of the new registered agent (if changed) and /or to (if changed):	registered office
6. The name and street address of the new registered agent (if changed) and /or to (if changed):	registered office
C T Corporation System	
	7.57 E. 08
c/o C T Corporation System, 1200 South Pine Island Road	5元 6
P.O. Bex NOT acceptable Plantation, Florida 33324	
The street address of its registered office and the street address of the business as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct authorized by the based, by the proportion has been notified in writing of the	
authorized by the buard, of the corporation has been notified in writing of the	aluces.
Signature of the withern bertimotor	ped name and title
I hereby accept the appointment as registered agent and agree to act in this c I further agree to comply with the provisions of all statutes relative to the pro- performance of my talles, and I am familiar with and accept the obligation of agent. Or, if this document is being filed merely to reflect a change in the reg hereby confirm that the corporation has been notified in writing of this chang	apacity, per and complete I my position as registered pistered office address, l re.
By: C T Corporation System By: Signature of Registered Agent	11/9/2015
Signature of Registered Agent If signing on behalf of an entity:	LIMES "

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

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

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