## L0300008753

(Re	equestor's Name)	
(Ac	idress)	
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(Ĉi	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



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DEPARTMENT OF STATE

15 JUN 12 AM II: 08

TALLAHASSEE EIGHE

JUN 1 6 2015 J SHIVERS



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20	00	000	0195	
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REFERENCE : 666275 7147059

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 11, 2015

ORDER TIME : 9:01 AM

ORDER NO. : 666275-005

CUSTOMER NO: 7147059

## DOMESTIC AMENDMENT FILING

NAME: R.Q.R., LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

## COVER LETTER

TO:		ation Section a of Corporations			
SUBJE	.ст.	R.Q	.R., LLC		
SODJE		Name of Limite	d Liability Comp	pany	
Dear Si	r or Mad	lam:			
The end	losed St	atement of Authority and fec(s) are sub-	mitted for filing.		
Please :	return al	correspondence concerning this matter	to the following:		
		Thomas F. Ryan			
;		Name of Person			
		R.Q.R., LLC			
		Firm/Company			
	35	Toney Penna Drive, STE 1			
		Address			
		Jupiter, FL 33458			
		City/State and Zip Code			
	E	kelly@troghawley.com			
	E-mail	address: (to be used for future annual r	eport notification	)	
For furt	her info	mation concerning this matter, please c	аД;		
	ļ	dward P. Kelly	561 st( )	<b>768-77</b> 51	
		Name of Person	Area Code	Daytime Telephone Number	er
			•		
		ET/COURIER ADDRESS:		G ADDRESS:	
		ntion Section n of Corporations		on Section of Corporations	
		Building	P.O. Box		
		recutive Center Circle		ee, Florida 32314	
	Tallah	ssee, Florida 32301		•	
CR2E1	38 (2/14	}			

## STATEMENT OF AUTHORITY

Pursuant to section authority:	605.0302(1), Florida Statutes, this limited liability company submits the following statement of
FIRST: The name	of the limited liability company is: R.Q.R., LLC
SECOND: The Flo	orida Document Number of the limited liability company is: L0300008953
THIRD: The stree	address of the limited liability company's principal office is:  354 Toney Penna Drive, Suite 1
	Jupiter, FL 33458
The mail	ling address of the limited liability company's principal office is:  354 Toney Penna Drive, Suite 1
1	Jupiter, FL 33458
position of a person person on the follow	Granted to: Any of Thomas F. Ryan, Diana L. Ryan or Adam C. Ryan, acting individually, has the exclusive, sole, full and complete authority, power and discretion to act on behalf of RQR, LLC, pursuant to Article V. Section 5.1 of the operating agreement, and all amendments thereto.  No authority granted to:
2. May s.	Granted to:Any of Thomas F. Ryan, Dians I. Ryan or Adam C. Ryan, acting individually, has the exclusive, sole, full and complete authority, power and discretion to act on behalf of RQR, LLC, pursuant to Article V. Section 5.1 of the operating agreement, and all amendments thereto.  No authority granted to:
Signature of author	Thomas F. Ryan, Manager  Zed representative  Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)
CR2E138 (2/14)	