103000008953

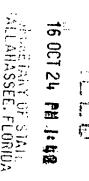
(Do	avastada Nama)						
(Requestor's Name)							
(Ad	dress)						
(Address)							
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
	•	•					
(Do	cument Number)						
(3.5	,						
Cartified Copies	Cortificates	of Status					
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
ł							





200291364112

10/24/16--01017--007 **25.00



OCT 26 2016

Y SULKER

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations				
	RQR, LLC Name of Limited Liability Company				
SUBJECT:					
Dear Sir or !	Madam:				
The enclose	d Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.		
Please return	n all correspondence concerning th	nis matter to the fo	ollowing:		
Edward P.	. Kelly				
	Name of Person		_		
Trog Hawl	ley Capital, LLC				
	Firm/Company		_		
501 Villag	e Boulevard, Suite 2				
···	Address		_		
West Paln	n Beach, FL 33409				
	City/State and Zip Code		_		
ekelly@tro	oghawley.com				
E-mail	address: (to be used for future an	nual report notific	eation)		
For further i	information concerning this matter	, please call:			
Edward K	elly	561	768-7751		
	Name of Person	(Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle lahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:					
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14	4)				

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. Na	me of the limited liability company:				
2. (a)	501 Village Blvd		(b) 501 Village Blvd		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of	of limited liability company: BE POST OFFICE BOX)
	Suite 2		Suite	e 2	
•	West Palm Beach, FL 33409		Wes	t Palm Beach, I	FL 33409
	03/12/2003		L0300	00008953	
3.	Date of filing/registration in Florida	4.		Document nu	ımber
5. (a)	Trog Hawley Capital, LLC				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. o	f State:	
	354 Toney Penna Drive				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>		
	Suite 1				<u>.</u>
	lunitor	2240	ο		16
	Jupiter, FI	3340		_	OCT
					24 388 1888
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:		m-
	Edited failte of 14274 Acquisered Agent and/of 14574 Acquisered	. (/////	HUUT C.75		FE SIA
	501 Village Blvd				STATE CORID.
	NEW Registered Office Address:				₩
	Suite 2				
	West Palm Beach , FI	3340	9		
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re lability of the l limite	gistered of company imited liad d liability	office and the busi y, it is hereby confi ability company or y company.	ness office of the registered irmed that the change(s)
Signa	ture of a member of authorized representative of a member	_		Printed or type	d name of signee
provisi the obl to mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, l d in writing of this change.	ree to c perfoi ed for i hereby	act in this mance of n Chapter oconfirm	s capacity. I furthe f my duties, and I c r 605, F.S. Or, if t that the limited lid	er agree to comply with the am familiar with and accepi this document is being filed ability company has been
Signa	re of Registered Agent				
~ .D	Division of Corporations P.O.	Dan (1	1774 Tall	lahassa El 2321	4

FILING FEE: \$25.00