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SECRETANT OF STATE

ANALYSISE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QCH	Holdings LLC Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
DAY Highon (Name of Person	
NUH Hildings (Firm/Company)	
PO Box 070 (Address)	28
FT MYS-S FL (City/State and Zip C	33919 Code)
For further information concerning	this matter, please call:
(Name of Person)	at (239) 248-2/82 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the	e following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: RLH Holdings	LLC		
2. The mailing address of the limited liability company is:			
DO BOX 07028 FT MYOS FL 33919			
00 βοχ 070 28 FT Myo-5 FL 33919 3/4/ο6 3. Date of filing/registration in Florida 4. Document num	23900		
3. Date of filing/registration in Florida 4. Document num	nber		
5. The name of the registered agent and the registered office address as shown of Florida Department of State: Address	6 NOV 17 SEGREJÁGI TALLAHASSI		
Fort Myers FL 339/2 City, State and Zip			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
(Signature of a member or authorized representative of a member)			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this can comply with the provisions of all statutes relative to the proper and complete peand I am familiar with and accept the obligations of my position as registered a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in (Signature of Registered Agent)	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			