## L06000092676

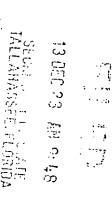
(F	Requestor's Name)	<u>.</u>		
A)	Address)			
(A	Address)			
(C	City/State/Zip/Phone #)	·		
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Premier Quest, L	LC		
Name of L	imited Liability Company		
Dear Sir or Madam:	* - • • •		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
Cheryl Garcia			
Name of Person			
Premier Quest, LLC			
Firm/Company	<del></del>		
1431 S Kingsway Rd #6	785		
Address			
Seffner, FL 33584			
City/State and Zip Code			
cherylgarciarules@gmail			
For further information concerning this matte	er, please call:		
Cheryl	<sub>at (</sub> 727 ) 692-1309		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g 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.

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.  Charles Signature of a member or authorized representative of a member  Chery   Gacia  Printed or typed name of signee	1. Nai	me of the limited liability company: Premier Quest, LLC	=-			
(Note: MAY BE POST OFFICE BOX)  1431 S Kingsway Rd #8785 Seffner, FL 33584  1.06000092636  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Off	2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		d #6785		
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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.  Charlet Office Address:  If hereby accept the appointment as registered agent and agree to act in this capacity: I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duetes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter (SA, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	(b)		1431 S Kingsway Ri			
Registered Agent:  Registered Office Address:  Registered Office Address:  Registered Office Address:  Registered Office Address:  NEW Registered Agent  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 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  Chery Garcia  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity: I furtifier agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter Olds, F.S. Or, if this document is being filed to merely reflect a chapter of the representative of lability company has been notified in writing of this change.	9/20/200	06	L06000092636			
Registered Agent:  Registered Office Address:  1431 S Kingsway Rd #6785 Seffner, FL 33584  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  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 operating agreement 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  Cheyl Gauss  Printed or typed name of signee  1431 S Kingsway Rd #6785  Seffner, FL 33584  1431 S Kingsway Rd #6785  Seffner, FL 35584  1431 S Kingsway Rd #6785  1431 S Kingsway Rd #6785  Seffner, FL 35584  1431 S Kingsway Rd #678	3. Dat	te of filing/registration in Florida	4. Document nu	ımber		
Registered Office Address:    1431 S Kingsway Rd #6785   Seffner, FL 33584	5. (a)	Registered Agent and Registered Office shown on	the records of the	e Florida Dept	of St	tate:
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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  Chery Gacia  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		Registered Agent:	Cheryl Garcia			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  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.  Chey Gacus  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		Registered Office Address:				
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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  Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			Seffner		_,FL_	33584
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00