L07000109505

(Req	uestor's Name)	,
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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JUN 1 2 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
•		
SUBJECT: QUEST SERVICE CAPI Name of Limit	TAL PARTNERS LLC ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Myra Simmons Name of Person		
Capitol Services Registered Agent	<u>Depart</u> ment	
rumcompany		
800 Brazos, Suite 400		
Address		
Austin, Texas 78701		
City/State and Zip Code		
E-mail address: (to be used for future annual report notifica	tion)	
For further information concerning this matter, pl	ease call:	
Myra Simmons at (800) 345-4647	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	oount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)		

Capitol Corporate Services, Inc.
P.O. Box 1831 Austin, TX 78767

Return Acknowledgment to:



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO 8ox 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 5/22/2013 FLORIDA

REP UNIT:

QUEST SERVICE CAPITAL

PARTNERS LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24351 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



RECEIVED

13 JUN 11 AM 6:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 29, 2013

MYRA SIMMONS CAPITOL SERVICES REGISTERED AGENT DEPT 800 BRAZOS - STE 400 AUSTIN, TX 78701

SUBJECT: QUICK SERVICE CAPITAL PARTNERS LLC

Ref. Number: L07000109505

We have received your document for QUICK SERVICE CAPITAL PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00013492

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, Floridu 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. Name of the limited liability company; QUICK S	SERVICE CAPITAL PARTNERS LLC	
2. (a) Principal office address of limited liability comp	2011 4 Libelia (m.) 07	
(Note: MUST BE STREET ADDRESS)	Haines City, FL 33844	
(b) Mailing address of limited liability company:	2894 Oak Bluff Way	
(Note: MAY BE POST OFFICE BOX)	Oviedo, FL 32765	
10/29/2007	L07000109505	
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:	Corporation Service Company	
Registered Office Address:	1201 Hays Street	
-	Tallahassee FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>	NEW Registered Office address:	
NEW Registered Agent:	Capitol Corporate Services, Inc.	
NEW Registered Office Address:	155 Office Plaza Drive, Suite A	
MUST HE FLORIDA STREET ADDRESS:	Tallahassee , FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby, the Florida street address of the regisfered office dentical. Or, in the case of a Florida limited (c(s) was/were authorized by an affirmative vote therwise provided in the articles of organization pany.	
Signature of a member of authorized representative of a member	(5)	
Printed or typed name of algoria		
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Cuptier look, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability completely confirm that the limited liability confirm that the li	ecretary on orate Services, Inc.	
Division of Councyations P.O. Box	c 6377 "l'alluhoesas, KL, 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231/ FILING FEE: \$25.00

INHS18 (05/08)

DIVISION OF CORPORATIONS