

LO7000109505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

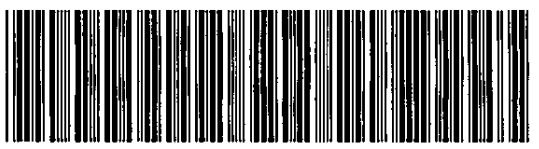
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: ^{4/15/14}
Russel Hammo
Advised that the
Corp is Naming
Capital Corp Services
As Agent Again

Office Use Only



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04/04/14--01023--005 **25.00

FILED
SECRETARY OF STATE
14 APR 15 PM 3:10
CORPORATION DIVISION

RA/Rolchs
@ 4.15.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quick Service Capital Partners LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Harms

Name of Person

Quick Service Capital Partners LLC

Firm/Company

8938 Crystal Creek Ct.

Address

Land O Lakes FL 34638

City/State and Zip Code

Russellharms@quickservicecap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Harms

Name of Person

at (407) 625-2341

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2014

RUSSELL HARMS
QUICK SERVICE CAPITAL PARTNERS LLC
8938 CRYSTAL CREEK CT
LAND O'LAKES, FL 34638

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):

The registered agent listed resigned on March 24, 2014

Please return 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00007654

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. Name of the Limited Liability Company: Quick Service Capital Partners LLC

2. (a) 8938 Crystal Creek Court (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Land O' Lakes, FL Same
341138

3. 10/29/2007 Date of filing/registration in Florida 4. L07000109505 Document number

3. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL _____

(b) Capitol Corporate Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
155 Office Plaza Dr Ste A
NEW Registered Office Address:

Tallahassee, FL 32301

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 14 APR 15 PM 9:19

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 Russell Harm
 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 605, 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.

Delanie Case
 Signature of Registered Agent Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00