L08000055295

(Re	questor's Name)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	dress)	···		
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000250066690

07/31/13--01017--011 **55.00

DIVISION OF CORPORATIONS

AUG - 1 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Quality Logistics Mahler 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:

Norman de Luca Monnerat Mahler

Name of Person

Quality Logistics Mahler LLC

Firm/Company

7567 Central Industrial Drive, #1

Address

West Palm Beach, FL, 33404

City/State and Zip Code

service@qualitylogistics.us

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

For further information concerning this matter, please call:

Norman de Luca Monnerat Mahler

₋561

7497447

Name of Person

Area Code & Daytime Telephone Numbe

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

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. Na	me of the limited liability company: Quality Logistics Mat	nier LLC		
2 (a)	Principal office address of limited liability compar	ny: 7567 Central Industrial Drive		
2. (u)	(Note: MUST BE STREET ADDRESS)	Unit 1		
	(MAC. MOST BE STREET ADDRESS)	West Palm Beach, FL, 33404		
(b)	Mailing address of limited liability company:	7567 Central Industrial Drive	<u> </u>	
(Note: MAY BE POST OFFICE BOX)		Unit 1		
		West Palm Beach, FL, 33404		
6/4/2008		L08000055295		
3. Dat	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown or	n the records of the Florida Dept. o	of State	: :
	Registered Agent:	Norman Mahler		
	Registered Office Address:	4871 Via Palm Lakes		NIG
	Registered Office Address.	#705	w	335
		West Palm Beach, FL, 33417	=	<u> </u>
			 _	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:	31 A	FILED ARY OF F CORF
	NEW Registered Agent:	Norman de Luca Monnerat Mahler	AH III	- 1035 - 135 - 135
	NEW Registered Office Address:	7567 Central Industrial Drive	00	<u>Ş</u> ⊬
	(MUST BE FLORIDA STREET ADDRESS)	unit 1		**)
	,	West Palm Beach	FL 33404	,
confirmand the liability the method op Signature	imited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ided y company, it is hereby confirmed that the change embers of the limited liability company or as otherwerating agreement of the limited liability company. The Luca Monnerat Mahler or typed name of signee	Florida street address of the registentical. Or, in the case of a Florida s) was/were authorized by an affin	ered of limited mative	fice d vote of
	by accept the appointment as registered agent and with the provisions of all statutes relative to the pum familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to its, I hereby confirm that the pimited liability compa	agree to act in this capacity. I fur proper and complete performance o position as registered agent as pro- nerely reflect a change in the regis any has been notified in writing of t	ther as of my a vided f tered o this ch	gree to luties, for in office ange.

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

Signature of Registered Agent