

L080000058371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

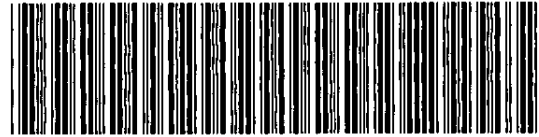
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA.

Office Use Only



700248289007

05/28/13--01047--002 \*\*25.00

FILED  
2013 MAY 28 AM 8:29  
TOLSON, J. EDGAR  
FBI

J. SAULSBERRY  
EXAMINER  
MAY 29 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quality Sales Co., 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:

James A Shook

Name of Person

Quality Sales Co LLC

Firm/Company

702 17th St East Suite A

Address

Palmetto, FL 34221

City/State and Zip Code

jim@qualityshells.com

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

For further information concerning this matter, please call:

James Shook

Name of Person

at ( 941 ) 722-3146

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

2013 MAY 28 AM 8:29

**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. Name of the limited liability company: Quality Sales Co LLC

2. (a) Principal office address of limited liability company: Quality Sales Co LLC

**(Note: MUST BE STREET ADDRESS)**

702 17th St East Suite A

Palmetto, FL 34221

(b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

Quality Sales Co LLC

702 17th St East Suite A

Palmetto, FL 34221

5-22-2013

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:

James A Shook

Registered Office Address:

616 17TH STREET EAST Suite K

Palmetto, FL 34221

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

James A Shook

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

702 17TH STREET EAST Suite A

Palmetto

,FL 34221

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.

James Shook  
Signature of a member or authorized representative of a member

James Shook  
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.*

James Shook  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**