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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

20 JUN 18 PH12: 16

Fax Number : (855)330-1010

## LLC REGISTERED AGENT CHANGE AMERICAN QUALITY INSTITUTE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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JUN 1 9 2020

## 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: American	Qualit	/ Institute	LLC	
2. (:	, 412 WOODSTEAD CIR.	(b) 412 WOODSTEAD CIR.			
(.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	LONGWOOD, FL 32779	_ LC	NGWOOD,	FL 32779	
	07/16/2008	 L08	000068629		
3.	Date of filing/registration in Florida	- <del></del>	Documen	it number	
<b>.</b> .	HINITED STATES CORROBATION AGENTS	S. INC.			
5. (	Registered Agent and Registered Office shown on the records of the		of State:		
	5575 S. SEMORAN BLVD	·			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	SUITE 36				
	ORLANDO .FL	32822		2620 J:	
			<del></del>		
(l	Registered Agents Inc.			<del>-</del>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address		1	
	7901 4th St N			ζĠ.	
	NEW Registered Office Address:	<u> ·                                  </u>	<del></del>	·л	
	STE 300				
		<del></del>			
	St. Petersburg, FL	33702			
the cagen was/ the a	e limited liability company is not organized under the law change or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of organization or the operating agreement of the	the registere ibility compa f the limited	I office and the b ny, it is hereby c liability company ity company.	ousiness office of the registered onfirmed that the change(s)	
	anature of a member or authorized representative of a member			typed name of signee	
prov the c to m notif	reby accept the appointment as registered agent and agrassions of all statutes relative to the proper and complete obligations of my position as registered agent as provided erely reflect a change in the registered office address, I have been so this change.  Bill Havre - Assistant autre of Registered Agent	performance l for in Chap tereby conftr	of my duties, and ter 605, F.S. Or, m that the limited	orther agree to comply with the d I am familiar with and accept , if this document is being filed d liability company has been	