## 108000079236

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Q. G.A. ENTEROPE  Name of Limited	Liability Company		<del></del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for	or filing		
Please return all correspondence concerning this ma	atter to the following:			
Name of Person				
Q.G.A. ENTERPRISES LIC. Firm/Company	<del></del>			.,,
Lars MARINE LARSE DZ # 25	<u> </u>	KSSEE. FU	/16 PM 4:	
City/State and Zip Code			=======================================	المتنسب
E-mail address: (to be used for future annual report notification	<del></del>			
For further information concerning this matter, pleas	e call:			
DURING DEN NEH at (9)	Area Code & Daytime Telephone N	umber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			
Enclosed is a check for the following amou	ent:			

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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: Q.C.A	ENTERPEREZ LLC
2. (a) Principal office address of limited liability compa	ny: 2231 NE 114th St #353
(Note: MUST BE STREET ADDRESS)	North Many Track Fl. 33160
(b) Mailing address of limited liability company:	200 75 My # # 1200
(Note: MAY BE POST OFFICE BOX)	North Man Frank Fl. 33160
5-13-11	4860000079336
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	DUAYIE BENEATE -
Registered Office Address:	DONAL MEAN BURE 33
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	EW Registered Office address:
(MUST BE FLORIDA STREET ADDRESS)	MEANY LAKE FL 33514
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 identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Lucyra Service	
Signature of a member or authorized representative of a member	
Dwinya BENNA Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.

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