## 10800113246

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Davidson Fréib, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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U5/17/23--01009--024 \*\*25.00





CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

May 16, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Q3 CAPITAL SERVICES, LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: NRAI Services, Inc.

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: NRAI Services, Inc., 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$25.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Q3 CAPITAL SERVICES, L1	<del></del>				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concern					
Maric Hauer					
Name of Person					
C T Corporation System					
Firm/Company					
28 Liberty St.					
Address					
New York, NY 10005					
City/State and Zip Co	ode				
E-mail address: (to be used for future	c annual report notification)				
For further information concerning this ma					
Marie Hauer	212 894-8940				
Name of Person	at () Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS	: MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the follow	ving amount:				
□ \$25 Filing Fee	□ \$55 Filing Fec & Certified Copy				
INHS18 (2/14)					

## 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: Q3 CAPITAL S	SERVICE	ES, I	LLC				
2. (a	)		(b)					
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of li			
	1025 Gateway Blvd, # 303-509			1025 Gate	way Blvd, #303-50			
	Boynton Beach, FL 33426	<del></del>	•	Boynton E	Beach, FL 33426			
	12/12/2008		L	.08000113	246			<del>.</del>
3.	Date of filing/registration in Florida	4.	_		Document numb	er	_	
5. (a	CORPDIRECT AGENTS, INC							
<i>.</i> (	Registered Agent and Registered Office shown on the records of	of the Flori	ida I	Pept. of Stat	e:			
	Registered Office Address	ADDRE	<u>SS)</u>		-			
	MIAMI	33324			-			
(b	NRAI Services, Inc.		-		-		202	
(1)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office 1	ıddr	<u>ess</u> :	_		2023 MAY 17	RETARY PLOF C
	NEW Registered Office Address:				_		P	್ಷ ಜ್ಞ <b>೦</b> ೧ ೧೯
	1200 South Pine Island Road						1 2: 46	ON AIS
	Plantation , F	L_33324			<del>-</del>		<u> 1</u>	יייטיי. אָרָ
agent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member about a statute of a member and agreement of a member and agreement of all statutes relative to the proper and complete obligations of my position as registered agent as providing of this change in the registered office address, I writing of this change.	of the regisability of the lie limited	giste com mite l lia	red office pany, it is ed liability bility com	e and the business is hereby confirmed or typed narrows.	s office of cd that the otherwise ne of signe	f the rechan	egistered ge(s) ded in
By:	writing of this change.  NRAI Services, Inc.  Under Control of Registered Agent	c. coy	conj	, , , , , , , , , , , , , , , , , ,	me nameu (uylli.	у сотри	ny na	veen

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