109000015240

| (Requ | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Addı | ess) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nai | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
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| | | |

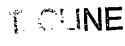
Office Use Only



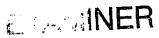
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DEPARTMENT OF STATE



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| CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173 | ENUE | merly CCRS) | | | |
|---|---|---------------------|-------------|---|----------------|
| FILING COVER S ACCT. #FCA-14 | SHÈET | | | | |
| CONTACT: | RICKY SO | <u>10</u> | | | |
| DATE: | 10/15/2012 | | | | |
| REF. #: | 001626.1742 | <u> 265</u> | | | |
| CORP. NAME: | QUALAWA | ASH HOLDINGS, LLC | | | |
| | CATION CANCELLATION OF AGENT FILE REPAID W | | (SHIP (|) ARTICLES OF DISSOL) FICTITIOUS NAME) LIMITED LIABILITY) WITHDRAWAL FOR \$ 25.00 | 201 15 AH 2637 |
| AUTHORIZATI | ION FOR A | CCOUNT IF TO B | e pediteb. | | |
| | | | COST LIMIT | T: \$ | |
| PLEASE RETU | RN: | | | | |
| () CERTIFIED COP | | CERTIFICATE OF GOOD | STANDING (X | (X) PLAIN STAMPED | COPY |
| Examiner's Initial | S | | | | |

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|----------|--|-------------|---|-----------------------------------|----------------|--------------|------------|
| SUBJ | | | h Holdings, Ll Liability Compa | | | | |
| Dear : | Sir or Madam: | | | | | | |
| The e | nclosed Registered Agent/Registered | Office C | hange and fee(s) | are submitted for f | īling. | | |
| Please | e return all correspondence concernin | g this ma | atter to the follow | ing: | | | |
| | Denise Annunciata | | | | | | |
| | Name of Person | | | | | | |
| · | Virtual Paralegal Services Firm/Company | Inc. | | | | | |
| | 60 Eaton Road | | | | | 2812 Q | t |
| | Framingham, MA 01701 City/State and Zip Code | 1 | | | HASSES, F | G 5 | 100 mm. 1. |
| <u>E</u> | denise@virtualparalegalservic | es.com | on) | | STATE AGREE | \$ 37 | ģ *Ka. |
| For fi | urther information concerning this ma | atter, plea | ase call: | | | | |
| | Denise Annunciata Name of Person | at (_ | 508) Area Code & | 405-1943 Daytime Telephone Nur | n bet | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl | ection rporations | | | |
| | Enclosed is a check for the follow | ving amo | ount: | | | | |
| | \$25 Filing Fee | | \$55 Filing F | ee & Certified Cop | ру | | |

INHS18 (5/08)

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.

| I. Name of the limited liability company: | Qualawash Holdings, LLC | | | |
|---|--|--|--|--|
| 2. (a) Principal office address of limited liability company | y: 101 S. Franklin Street, Suite 101 | | | |
| (Note: MUST BE STREET ADDRESS) | Tampa, Fl. 33602 | | | |
| (b) Mailing address of limited liability company: | 101 S. Franklin Street, Sulte 101 | | | |
| (Note: MAY BE POST OFFICE BOX) | Tampa, FL 33602 | | | |
| 8/5/2009 | L09000075240 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on | is de 😥 | | | |
| Registered Agent: | Russell T. Alba, Esq. 27 37 | | | |
| Registered Office Address: | 101 South Franklin Street Suite 202 | | | |
| | | | | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: | | | |
| NEW Registered Agent: | NRAI Services, Inc. | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 515 East Park Avenue | | | |
| | Tallahassee ,FL32301 | | | |
| if the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden iability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other the operating agreement of the limited liability company | lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization | | | |
| rignature of a member or authorized representative of a member | | | | |
| Michael E. Bauer, CEO Printed or typed name of signee | | | | |
| Chilled of Lybed barne of Sirbee | | | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promated lam familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to mendaress, I hereby confirm that the limited liability company of the | agree to act in this capacity. I further agree to oper and complete performance of my duties, stition as registered agent as provided for in welly reflect a change in the registered office by has been notified in writing of this change. | | | |

FILING FEE: \$25.00

INHS18 (05/08)