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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker -- EXT#

		ACCOUNT NO	. :	12000000195						
		REFERENC	E :	271659 , 8353556						
	А	UTHORIZATIO	N :	in the mile						
		COST LIMI	Γ :	\$ 25.00						
ORDER DAT	E : Jan	uary 17, 20	24							
ORDER TIM	IE : 1:	48 PM								
ORDER NO.	: 271	659-061								
CUSTOMER	NO:	8353556								
		CHANGE OF	 AGE <u>N</u>	<u></u> <u>T</u>						
NAME: QUALAWASH HOLDINGS, LLC										
	TURN THE		AS PR	OOF OF FILING:						
<u>XX</u> P:										

EXAMINER:

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.

I. N	me of the limited liability company:	QUALAWASH F	HOLDING	S, LLC							
2. (a)	500 N. Westshore Blvd. Ste. 435	N Westshore Blvd. Ste. 435				(b) 500 N. Westshore Blvd. Ste. 435					
. (,	Principal office address of limited lial (Note: MUST BE STREET A)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)									
	TAMPA, FL 33609	FL 33609									
			_								
	08/05/2009		Į	_0900007	5240						
	Date of filing/registration in	Florida	4.		Document nur	nber					
. (a)					_						
	Registered Agent and Registered Office show	n on the records of	the Florida	Dept. of Stai	tē:						
	Registered Office Address [MUST BE FI	LORIDA STREET	4DDRESS)								
	1200 South Pine Island Road										
	Plantation	El	33324			₹.	20				
		,, 1 L	·		_		2024 JAN 18				
(b)					_	#; 25;					
	Enter name of <u>NEW Registered Agent</u> and/o	or <u>NEW Registered</u>	Office add	ress:		SE :		,,,,,,,			
	Corporation Service Company				_	AHASSEE, FLORID	84 : II WA				
	NEW Registered Office Address:						<u>-</u>				
	1201 Hays Street				_) A	יט				
	Tallahassee	. Fl.	32301								
hange gent v as/we	imited liability company is not organize or changes are made, the Florida streevill be identical. Or, in the case of a Fore authorized by an affirmative vote of cles of organization or the operating a /S/ John Wilson	et address of the lorida limited lia of the members o	registered ability con of the limit limited lia	l office an npany, it is ted liabilit ability con	d the business of s hereby confirmally company or a	office of the med that the is otherwis	e regist te chan	tered ge(s)			
Signa	ture of a member or authorized representative (of a member			Printed or typed	name of sign	ee				
rovisi 1e obl 1 mere	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a Py reflect a change in the registered of I'm writing of this change.	d agent and agre er and complete p gent as provided ffice address. I h	performai I for in Cl iereby coi	ice of my a napter 605 ifirm that	duties, and I an 5, F.S. Or, if the the limited liab	ı familiar v is documer ility compo	with and it is bei iny has	with the d accept ng filed been			
	Drace Z-Kubl.		_		irby. Asst. Vice						

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