

LD9000078863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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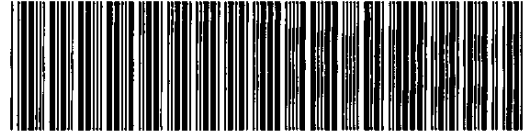
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 19 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oxebridge Quality Resources International LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher M. Paris

Name of Person

Oxebridge Quality Resources International LLC

Firm/Company

1503 South US Highway 301, Suite 36

Address

Tampa FL 33619

City/State and Zip Code

QQR@oxebridge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Paris

Name of Person

at ( 863 )

651-3750

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Oxebridge Quality Resources International LL

2. (a) Principal office address of limited liability company: 1503 South US Highway 301

**(Note: MUST BE STREET ADDRESS)**

Suite 36  
Tampa FL 33619

(b) Mailing address of limited liability company: 1503 South US Highway 301

**(Note: MAY BE POST OFFICE BOX)**

Suite 36  
Tampa FL 33619

08/17/2009

3. Date of filing/registration in Florida

4. Document number

L09000078863

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Christopher Paris

Registered Office Address:

1025 West Lake Hamilton Drive  
Winter Haven FL 33881

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1503 South US Highway 301  
Suite 36  
Tampa FL 33619

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Christopher Paris

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00