## 110000022828

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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## COVER LETTER

**TO:** Registration Section

Divi	sion of Corporations						
SUBJECT:	FGS Quality Investments LLC						
SUBJECT,	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registere	ed Office Ch	ange and fe	ee(s) are submitted for filing.			
Please return	n all correspondence concern	ing this mat	ter to the fo	llowing:			
z.bolanos(	@amicorp.com	ZULLY	Bolañ				
	Name of Person			-			
Amicorp C	Corporate Services LLC						
	Firm/Company	_ <del></del>		-			
1001 Brick	kell Bay Drive, Suite 290	18					
	Address			-			
Miami, FL	33131						
	City/State and Zip C	ode		-			
vl_usasup	port@amicorp.com						
E-mail	address; (to be used for futu	re annual re	port notifie:	ation)			
For further in	nformation concerning this n	natter, pleas	e call:				
Zully Bolar	nos	at (	+1305	3003921			
	Name of Person			Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRES istration Section sion of Corporations on Building Executive Center Circle abassee, Florida 32301	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Encl	losed is a check for the follo	owing amou	int:				
<b>⊉</b> \$1	25 Filing Fee		□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	<b>(</b> )						

## 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.

Name of the limited liability company:  FGS Quality Investments LLC								
2. (a)	1001 Brickell Bay Drive	(b	(b) 1001 Brickell Bay Drive					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	"		-	mited liability company. POST OFFICE BOX)			
	Suite 2908		Suite	2908				
	Miami, FL 33131		Miam	i, FL 33131				
	03/01/2010		L10000	0022828				
3.	Date of filing/registration in Florida	4.		Document numb	per			
5. (a)	Amicorp Fiduciary Services LLC							
2. (0)	Registered Agent and Registered Office shown on the records of 1001 Brickell Bay Drive	the Florida	Dept. of :	State:				
	Registered Office Address (MUST BE FLORIDA STREET) Suite 2908	(DDRESS)		<del></del>				
	Miami .FL	33131		_	, 157 523 757			
(b)	Amicorp Corporate Services LLC				1			
(**)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office add	ress:	<del></del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	1001 Brickell Bay Drive				: 			
	NEW Registered Office Address:			<del></del>	, <del>=</del>			
	Suite 2908							
	MiamiFL	33131	_					
the cha agent w was/we the arti- Signat I herel provisi- the obli- to merc notified	mited liability company is not organized under the law nge or changes are made, the Florida street address of cill be identical. Or, in the case of a Florida limited liam authorized by an affirmative vote of the members of cless of organization or the operating agreement of the unclose a member or authorized representative of a member of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	the regis ability co of the limited li  Zo ce to act performa I for in C	tered of impany, ted liab ability of the control of	fice and the busines it is hereby confirm ility company or as company.  80LANOS  Printed or typed no rapacity. I further a ny duties, and I am, 605, F.S. Or, if this	s office of the registered ed that the change(s) otherwise provided in  ANYON PEREA me of signee  gree to comply with the familiar with and accept document is being filed			