#/ 11000/44440

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

K. SALY EXAMINER AUG 1 5 2013

COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: QS SEBRING OWNER L	LC	
	d Liability Company	
Dear Sir or Madam:		
The analogad Panistand Agent/Pagistand Office	Change and fac(s) are submitted for filing	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for fifting.	
Please return all correspondence concerning this n	natter to the following:	
•		
Myra Simmons		
Name of Person		
O Hall Construe Bankstone d Ament	Dava autora aut	
Capitol Services Registered Agent Firm/Company	<u>Depart</u> ment	
800 Brazos, Suite 400		
Address		
Austin, Texas 78701		
City/State and Zip Code		
E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
Myra Simmons at (800) 345-4647	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananasseo, Tionaa 52517	
Enclosed is a check for the following am	ount:	
\$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: QS SEBI	RING OWNER LLC	
2. (a) Principal office address of limited liability comp	any. 16027 Ventura Blvd,Suite 515 🚕 🕏	
(Note: MUST BE STREET ADDRESS)	Encino, CA 91436	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	RING OWNER LLC Sany: 16027 Ventura Blvd, Suite 515 Encino, CA 91436 L11000144440	
12/28/2011 3. Date of filing/registration in Florida	L11000144440 4. Document number	
5. (a) Registered Agent and Registered Office shown	an the manda afthe Florida Dont of Clate.	
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street	
	Tallahassee FL 32301	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
NEW Registered Agent:	Capitol Corporate Services, Inc.	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A Tallahassee , FL 32301	
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 tile limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Aiguature of member or authorized representative of a member Venue Heen Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp. Signature of Registered Agent behalf of Capitol Corporations.		

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