Florida Department of State Division Gorporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

LLC REGISTERED AGENT CHANGE **Q AUTO TRANSPORT LLC**

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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.

(a)	(b) 7901 4th St N							
	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STE 300					
	(<u>Note: MUST BE STREET ADDRESS</u>)							
			St. Petersburg FL 33702					
	11/19/12		<u>L1</u>	2000	0146019	}		
	Date of filing/registration in Florida	4.			Document nur	nber		
(a)	SPIEGEL & UTRERA, PA.							
(,	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept	, of State	:			
	1840 SW 22 STREET 4TH FLOOR							
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES.	<u>S)</u>	-				
	MIAMI	3314	 5				2022	
(b)	Northwest Registered Agent LLC					2022 MAY 1	<u>"T]</u> >	
	Enter name of NEW Registered Agent and/or NEW Registers	d Office ac	<u>ldress</u> :	:		-	7	高色
	7901 4th St N						AM 9:	
	NEW Registered Office Address:						9: 34	
	STE 300				-			
	St. Petersburg	3370	2					
he 1	imited liability company is not organized under the lange or changes are made, the Florida street address	aws of the	e Stat istere	e of Flo d office	orida, it is here and the busin	by confirn	ned that	at after registere
ent v s/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	liability c of the lir	ompa nited	my, it is Tiability	s hereby confir y company or a	med that t	he cha	inge(s)
	meO.4.			ın No				
	nture of a member or authorized representative of a member				Printed or typed			

Signature of Registered Agent

ified in writing of this change.

Tom Glover - Assistant Secretary