## L13000005755

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(Address)					
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## COVER LETTER

Division of Corporations	
QLM LOGISTICS, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
SHERRI LOZADA	
Name of Person	
QMGH	
Firm/Company	
PO BOX 471207	
Address	<del></del>
LAKE MONROE, FL 32747	·
City/State and Zip Code	<del></del>
SPATTILLO@MYQLM.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
SHERRI LOZADA 4	936-3666
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

1. N:	une of the limited liability company: QLM LOGISTICS	i. LLC		
2 (a)	4035 WEST STATE ROAD 46		PO BOX 47	1207
2 (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SANFORD, FL 32771	_	LAKE MON	ROE, FL 32747
	01/11/2013	_	L1300000575.	5
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY, INC.	4.	D	ocument number
J. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Flori	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024
	TALLAHASSEE . FL	32301		FILED AMNY 21 AM 8 LLANASSEE: FL
(b)	SHERRI LOZADA			SEE
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 4035 W 1ST STREET		<u>address</u> :	FILED 2024 MAY 21 AM 8: 19 TALLAHASSEE FLORIDA
	NEW Registered Office Address:			
	SANFORD , FL	32771		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of the li limited	ered office and to company, it is homited liability of	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
Signa	ture of a member or authorized representative of a member			rinted or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and were ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	serfori	ct in this capac nance of my du	ity. I further agree to comply with the ties, and I am familiar with and accept
Signatu	re of Registered Agent			