13000023473

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Dannant March 2) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2013 NOV -1 PM 4: 21

B. BOSTICK NOV - 4 2013

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| <u> </u> | ed 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 r | matter to the following: |
| John McQuade Name of Person | |
| McQuade Holding Firm/Company | sllc |
| 1705 Palm Cove Blud | 14106 Delray Beach, F1 |
| City/State and Zip Code | SALLAHASS |
| ~ | ul.com |
| For further information concerning this matter, plants | ease call: |
| John McQuade at (| 76 900 U616 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 an | nount: |
| □ \$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.

| agent, or both, in the state of Pioriaa. | |
|--|---|
| 1. Name of the limited liability company: MCQua | ide Hadings LLC |
| 2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>) | Boca Raton, F1 33431 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1705 Palm Cove Blud Apr 106 Detray Beach, F1 33445 |
| 3. Date of filing/registration in Florida | L13000 023 473 4. Document number |
| 3. Date of filling/registration in Piorida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | |
| Registered Agent: | John Mc Quade |
| Registered Office Address: | 5800 NW 2nd Ave |
| | Boca Raten, F1 33487 |
| (b) Enter name of NEW Registered Agent and/or NE | EW Registered Office address: |
| NEW Registered Agent: | John Mc Quade |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | BOCAPATON FL 33431 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwished operating agreement of the limited liability company. | Florida street address of the registered office |
| _ CAR. W/c Quade. | |
| Signature of a member or authorized representative of a member | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa | agree to act in this capacity. I further agree to roper and complete performance of my duties; so sition as registered agent as provided for in series of the registered office my has been notified in writing of this change. |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2013

JOHN MCQUADE 5800 NW 2ND AVENUE BOCA RATON, FL 33487

SUBJECT: MCQUADE HOLDINGS LLC

Ref. Number: L13000023473

We have received your document for MCQUADE HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 113A00021846

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2013

JOHN MCQUADE 1705 PALM COVE BLVD. #106 DELRAY BEACH, FL 33445

SUBJECT: MCQUADE HOLDINGS LLC

Ref. Number: L13000023473

We have received your document for MCQUADE HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 413A00024559

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