## U3000113036

(R	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
		;	

Office Use Only



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15 NOV 10 PN 3: 44

SECRETARY OF STATE
AND ANASSEE, FLORIDA

NOV 12 2015 S. YOUNG

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submit Florid	that to the provisions of sections 603.0114 or 603.0116, Florida Statutes, it is the following statement in order to change its registered office or reda.	re undersigned limited itability company gistered agent, or both, in the State of
1. Na	ame of the limited liability company: QUALITY Mobile Hon	re Set up "ILC"
2. (a)	4775 Elon Cresent UR (b) 477	15 ElonGresent DD
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	LAHAND F1 33810 L	attland F/338/0
	10/20/2013 L	13000143036
3.	Date of filing/registration in Florida 4.	Document number
5. (a)		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	<b>:</b>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Lat (and El 338/0	72 <b>5</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	1 0 E
	Enter that the of the ways series and of the ways series of the audiess.	SECTION AND PROPERTY OF THE PR
	4775 Elon Gresent DR	GH W
	NEW Registered Office Address:	EA #
	LAMAND ,FL 338/0	
the cha agent	limited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the case of the limited liability or the liability or th	and the business office of the registered shereby confirmed that the change(s)
the art	icles of organization or the operating agreement of the limited liability con	pany.
Signa	pure of a unchaber or authorized representative of a member	Printed or typed/name of signee
I horo	hy accent the appointment as registered agent and agree to get in this can	gaits. I further garage to comply with the
provisi the obi to mer	lons of all statutes relative to the proper and complete performance of my eligations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu	ire of Registered Agent	

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Quality Mobile Home Setup "LIC" Name of Limited 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 matter to the following:			
Country Ove MH Part			
<del>-</del>			
Firm/Company	<del></del>		
4015 NUS Highway			
FI PIERCE FIA 3494 City/State and Zip Code	6 1000 1000 1000 1000 1000 1000 1000 100		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (863) 456 2670  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 amount:			

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee