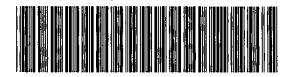
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(RM 10-14-14

## COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	·				
_	•				
SUBJECT: QUENIQUEA LL					
Name of Li	mited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
FANNY SUAREZ Name of Person					
Name of Person	AS T				
_	14 0CT -6				
QUENIQUEA LLC					
Firm/Company					
15673 sw 52Ct	PM 3: 30				
Address					
Miramar FL 33027					
City/State and Zip Code	<del></del>				
IOS rincon 1@ Notmail.com  E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	·				
_					
German Rincon M	954, 5897461				
Name of Person	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:					
22 \$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 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. Na	me of the limited liability company:	NIQUE	EA LL	.C.		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			15673SW 520 Miramov FL, 33027  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
3.	02/20/20/4 Date of filing/registration in Florida	4.	<u>L14</u>	1000298 Document n		
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Register  NEW Registered Office Address:	e <i>t addres</i> fl_330	5) 77	tate:	SECAL PART OF STATE . TALLAHITESEE FLORIDA	M
the charagent was/we the artic	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member or authorized representative of a member or accept the appointment as registered agent and or accept the appointment as registered agent and or	of the regit liability crs of the limited	e State of listered off ompany, inited liability of Farmers	ice and the busit is hereby confility company or ompany.  If ny N. S.  Frinted or type apacity. I furth	siness office of firmed that the or as otherwise purposed name of signee the contact of the cont	the registered change(s) provided in
попучеа	ons of all statutes relative to the proper and completed igations of my position as registered agent as provided reflect a change in the registered office address, in writing of this change.  Multiplication of the registered office address, and the registered office address, and the registered Agent of Re	ided for in , I hereby c	Chapter 6 confirm the	55, F.S. Or, if at the limited li	this document ability compan	is being filed y has been

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