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MAY 0 5 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Quil / Ent Name o	Hussast LLC 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 m	natter to the following:
Jenniter Lee Name of Person	
Quil/Enthusias	+ LLC
3239 NW Parmet	er Rel
Palm CITY FL 3 City/State and Zip Code	4990
Infow Red Thread Special address: (to be used for future annual	Fudio, Com report notification)
For further information concerning this matter, ple	rase call:
Vennifer Lee Name of Person	at (772) 2/9 399/ 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 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 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.

	Ć) .	, 1 — , ,	. / /	. ^
1. Na	me of the limited liability company: Qui	11-Ethu	15/ast-6	
2. (a)		(b)		
()	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limit (Note: MAY BE POS	• • •
	3239 NW Berimelon			, Berimeter
	Palm City Fl 349	<u> </u>	Palm City	FD. 34990
	Date of tiving/registration in Florida		140000 4	17977
3.			Document number	
5. (a)	Registered Agent and Registered Office shown on the record	Corporal ds of the Florida Dept.	to Agen	15, Inc
	5575 5 Semorar			
	Registered Office Address MUST BE FLORIDA STRA			
	orkando	.FL_3_28	22	2020 F
				HAY AHA
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address:		SSE 14
	Jinnifichel			## 11: 04
	NEW Registered Office Address:	,	a 0	₽ 2
	3239 NW PE	rimeter	Rel	
	Palm City	.n <u>. 34</u>	990	
If tha I	imited liability company is not organized under th	e laws of the State	of Florida, it is hereby or	antirmed that after the
change	or changes are made, the Florida street address o	f the registered offi	ice and the business offic-	e of the registered
was/w	vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memb	ers of the limited E	iability company or as otl	nerwise provided in
the arti	cles of organization or the operating agreement of			100
	ture of a member or authorized representative of a member		Printed or typed name	of signer
provisi the obli to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres this writing of this change.	leie performance o vided for in Chapto s. I hereby confirm	of my dutes, and 1 am fan er 605, F.S. Or, if this do 1 that the limited liability	nuar wun ana accept cument is being filed company has been
		_	4/27/20)
Signatu	re of Registered Agent		1 1 00	