10/18/2018

3239628300 From Meghan Smith

Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

; (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE GO REAL ESTATE INVESTORS LLC

Certificate of Status	0
Certified Copy	1
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Help

TO: Registration Section

## COVER LETTER

Division of Corporations							
SUBJECT: GQ REAL ESTATE INVESTOR	GQ REAL ESTATE INVESTORS LLC						
Name of	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	hange and f	ee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the fe	ollowing:					
Cheyenne Moseley		. ?					
Name of Person							
Legalzoom.com, Inc.		.,					
Firm/Company							
404 N. Brand Blad. 40th Floor							
101 N. Brand Blvd., 10th Floor Address		_					
Address							
Giendale, CA 91203		_					
City/State and Zip Code							
sandersdavid21@yahoo.com							
E-mail address: (to be used for future annual r	report notific	cation)					
For further information concerning this matter, plea	ase call:						
Cheyenne Moseley	800	773-0888 ext 9724					
Name of Person	. (	Area Code & Daytime Telephone Numbe					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314					
Enclosed is a check for the following am-	ount:						
□ \$25 Filing Fcc	<b>☑</b> \$5	5 Filing Fee & Certified Copy					
INRS18 (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

Na	me of the limited liability company: GQ REAL ES	STATE	NVESTO	RS LLC			
(a)	209 E. 10th St.	(b)	(b) P.O. Box 162				
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE ROX)					
	Greensboro , FL 32330		Greensboro , FL 32330				
	09/11/2014	<del>-</del> -	L1400014	42805			
	Date of filing/registration in Florida	4.		Document number			
75	SPIEGEL & UTRERA, P.A.						
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	<b>:</b> :			
	1840 SW 22ND ST., 4TH FLOOR				,		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del> </del>	-	,	1	
						•	
	MIAMI, FI	33145		-	•	7	
				-	*		
/L\	UNITED STATES CORPORATION AGENT	S, INC.				•	
(b)	Enter name of NEW Registered Agent and/or NEW Registerer	d Office add	lress:	-	~)		
	13302 WINDING OAK COURT, SUITE A						
	NEW Registered Office Address:			-			
	TIZII (Cognicios (Vitto Vitto)						
	TAMPA, FI						
e cha ent v	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	ws of the f the regis inbility co of the lim	State of Flatered offic inpany, it is ited liability	e and the business of is hereby confirmed the ly company or as other	nat the cha	inge(s)	
()	$\mathcal{L}$	DA'	VID B. SA	ANDERS			
Signa	ture of a member or authorized representative of a member			Printed or typed name o			
here ovis e obs mer otifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.			acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	e to compl liar with a ument is h ompany h	ly with th and acce being file as been	
ignati	CHEYENNE MOSELEY, ASSISTANT SECRETAL STATES CORPORATION AGENTS, INC. Ite of Registered Agent						