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1/28/2016

Division of Corporations



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2016-01-28 15:00:53 CST 16082372310 From: CLS-CTSB-BFI BFI Processing Fax

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

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>QUEENS CONVEYANCE, LLC</u>

2. (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	- 6761 Forum Drive Suite 200 Orlando, Florida 32821	
(b) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	6761 Forum Drive Suite 200 Orlando, Florida 32821	
9/12/2014	L14000143231	
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. o	of State:
Registered Agent:	CT CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND	
	PLANTATION, FL 33324	·
		·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Business Filings Incorporated	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	
	Plantation	FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden- liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwi- the operating agreement of the limited hability company.	lorida street address of the regist	tered office limited
Signature of a member or authorized representative of a member		
Craig C. Mateer, Manager		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a compty with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my pa Chapter 603, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I fu oper and complete performance stition as registered agent as pro rely reflect a change in the regi y has been notified in writing of	wher agree to of my duties, wided for m stared office this change.
Mail Mark Williams, AVP Business Filings Incorpor Signature of Registered Agent		Cont No para
Division of Corporations, P.O. Box 6. FILING FEE: S INHS18 (1213)	025.00	R 1000
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