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COVER LETTER

TO:	Registration Section
	Division of Corporations

FIRST QUALITY SERVICES LLC SUBJECT: 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:

LOREZ

FIRGT QUALITY SERVICES, LLC

<u>SWTE'C"</u> 1440 SHERIDAN ST

FOLLY WOOD, FL, 3302 City/State and Zip Code

<u>E-mail address: (to be used for future annual report notification)</u>

For further information concerning this matter, please call:

KOLAN FLOREZ at (954) 842 1528 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

S25 Filing Fee

Registration Section

Clitton Building

Division of Corporations

\$55 Filing Fee & Certified Copy

INHS18 (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.

Name of the limited liability company: REF FIRST QUALITY SERVICES LLC ١. 4440 SHERIDAN ST SEDITE 2. (a) 4440 GHERIDAN ST SWITE "C" (b) Principal office address of fimited liability company; Mailing address of limited liability company: Holly was BE POST OFFICE BOX) Holly was FL 33021 Holly Wood FL 33021 Date of fring/registration in Florida 3. 4. Document number SABRIEL 5. (a) C Registered Agent and Registered Office shown on the records of the Florida Dept, of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) ORLZ (b)Enter name of <u>NEW Registered</u> Agent and/or NEW Registered Office address: NEW Registered Office Address: 4440 SHERIDAN GT, GWITE Holly WOOD 11 330. If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member shuthor Advepresentative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Shereby confirm that the limited liability company has been notified in writine with scheme.

flord Agent Ignature of C

ROLAN FROREZ

Division of Corporations + P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00