₽age: 2 of 4 2022-03-16 07:49:46 PDT LegalZoom com, Inc.

From: Laura Rodriguez

3/16/22, 9:47 AM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

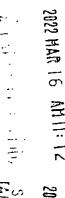
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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LLC REGISTERED AGENT CHANGE Q'S RECONSTRUCTION TRAINING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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1/1

From: Leura Rodriguez

Enclosed is a check for the following amount:

To: +18506176383

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: Q'S RECONS	TRUCTI	ION TRAINING, LLC	
2. (a)	1025 Revilla Ln.	(b) 1025 Revilla Ln.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ,	Mailing address of limited tiability company: (Note: MAY BE POST OFFICE BOX)	
	Rockledge, FL 32955	- R	Rockledge, FL 32955	
	03/16/2015	 L1	15000047087	
3.	Date of filing/registration in Florida	4.	Document number	
; (a)	UNITED STATES CORPORATION AGENTS.	, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of the	rept. of State		
	13302 Winding Oak Court A			
	Registered Office Address (MUST BE FLORIDA STREET AL			
	Tampa, FL 3	33612		
(b)	UNITED STATES CORPORATION AGENTS, Enter name of NEW Registered Agent and/or NEW Registered Of States of St	<u></u>		
	NEW Registered Office Address:		7022	
	Orlando, FL_3	32822	EII SECTION ALLIANDASS	
the cha agent v	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	he register oility comp the limite imited liab	tate of Florida, it is hereby confirmed that after cred office and the business office of the registere apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in the bility company.	
Sordientir Horstie			entin Hastie	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a in writing of this change. CHEYENDE MOSELEY, ASSISTANT SECRETARY.	erformand for in Cha ereby conf	nce of my auties, and Fam familiar with and acce namer 605 FS Or if this document is being file	

Signature of Registered Agent