115000082662

(Requestor's Name)						
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February 16, 2018

JACKIE DEFILIPPIS INCORP SERVICES 3773 HOWARD HUGHES PKWY, STE 550S LAS VEGAS, NV 89169-6014

SUBJECT: SRQ TURN KEY INVESTMENTS LLC

Ref. Number: L15000082662

We have received your document for SRQ TURN KEY INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 718A00003385

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DEPARTMENT OF STATE
VISION OF CORPORATION

COVER LETTER

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TO:	Registration Section Division of Corporations					
SUBJI	FCT: Srq	Turn Key Investments LLC				
001001	·	ne of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	nis matter to the following:				
	Jackie DeFilippis					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hughes Pkwy. · Suite 500S					
	Address					
	Las Vegas, NV 89169-601	4				
	City/State and Zip Code					
	documents@incorp.com					
E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter	r, please call:				
Jack	kie DeFilippis for InCorp Services, In	c. at (800) 246-2677 Ext. 6915				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	2 \$25 Filing Fee	☐ \$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.

1.	Name of the limited liability compar	ny: Srq Turn Key Ir	nvest	ments LLC	
	a)			(b)	
(-	Principal office address of limite (Note: MUST BE STREE			N	failing address of limited liability company. (Nate: MAY BE POST OFFICE BOX)
	4578 TRAILS DR.			P.O.Box 2	2585
	Sarasota, FL 34232		_	Sarasota,	FL 34230
	05/11/2015		_	L15000082	2662
3.	Date of filing/registratio	n in Florida	4.		Document number
5. ((a) GYORGY, MERCEDES				4 6
٠. (Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	4578 Trails Dr.				多多
	Registered Office Address (MUST B	<u>(22)</u>	188		
	Sarasota	, FL	·	34237	WIR 16 PH 1: 54 SECRETARIASSIEE, PLORIDA TALLAMASSIEE, PLORIDA
	b) InCorp Services, Inc.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter name of <u>NEW Registered Agent</u> 17888 67th Court North	and/or NEW Resistered	Office	address:	
	NEW Registered Office Address:				
	Loxahatchee	, FL		33470	
the cagen	the limited liability company is not or change or changes are made, the Florint will be identical. Or, in the case of were authorized by an affirmative varticles of organization or the operation. Marcadas Gyorgy	ganized under the law rida street address of f a Florida limited lia ote of the members o ing agreement of the	ws of the reability of the limite	gistered office company, it is imited liability	Gyorgy
_	gnature of a member or sufficience represent				Printed or typed name of signee
prov the c	visions of all statutes relative to the pobligations of my position as register serely reflect a change in the register fied in writing affihis change.	proper and complete red agent as provided red office address, I i	perfoi d for i hereby	rmance of my on Chapter 605, confirm that i	ecity. I further agree to comply with the futies, and I am familiar with and accep, F.S. Or, if this document is being filea the limited liability company has been
Y Sign	nature of Registered Agent	pis on behalf of I	ii ICO	p dervices,	IIIC.
	Division of C	armarationse P.O. F	Rox 63	27a Tallahas	see FL 32314

Division of Corporations P.O. Box 63270 Tallahassee, FL 32314 FILING FEE: \$25.00