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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporatio	ons			
SUBJECT: IQ	Property Manageme	ut LLC		
	Name of Li	mited Liability	Company	
Dear Sir or Madam:				
The enclosed Registered Agent	nt/Registered Office Cha	nge and fee(s) a	re submitted for filing.	
Please return all correspondence	ce concerning this matte	r to the following	ng:	
	· 💥 🕶			
ZAINUB RASI	HEED			
Name	of Person			
IQ Proposty N	Annagement ILC			
IQ Property M	Company			
10(m)	•			
10604 Cary Lake	by. Iress	* · • · • · • · • • · • · • · • · · · ·		
Addi	11622			I SE
Tamba, FL 3	3647			温夏卫
City/State	3647 and Zip Code			麵%后
ig propert	y 3 @ gmail.com		•	FILED MR 29 M 8: 20 SECRETARY OF STATE FALLAMASSEE, FLORIDA
E-mail address: (to be use		ort notification)		CORT OF
For further information concern	ming this matter, please	call:		10 20
ZAINUB RASH	HEED at (Ø13) -	716 - 6056	
Name of Perso		Area	716 - 6056 Code & Daytime Teleph	one Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ons r Circle	Registration of P.O. Box 6	f Corporations	
Enclosed is a check fo	or the following amoun	t:		
\$25 Filing Fee		□ \$55 Filing	g Fee & Certified Copy	

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. 1	Name of the limited liability company:	gement LLC
2. (a	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10604 Cory Lake br.	(same address)
	Tampa, FL 33647	
	06/30/2015 L	15000112867
3.	Date of filing/registration in Florida 4.	Document number
5. (a	SYED DIMAD TORAL	
J. (2	a) SYED OWAR IQBAL Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	10604 Cory Lake Dr.	···
		1 die 1
(b	o)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	FILED RETURNSEE
		FILED R 29 M CRETARSSEE, FI
	NEW Paristand Office Address	FSS .
	NEW Registered Office Address:	DATE 20
	, FL	
the cl agent was/v	e limited liability company is not organized under the laws of the State hange or changes are made, the Florida street address of the registered t will be identical. Or, in the case of a Florida limited liability compan were authorized by an affirmative vote of the members of the limited lirticles of organization or the operating agreement of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	2. Runha	ZAINUB RASHEED
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the oi to me notifi	reby accept the appointment as registered agent and agree to act in thi isions of all statutes relative to the proper and complete performance of bligations of my position as registered agent as provided for in Chapte prely reflect a change in the registered office address, I hereby confirmited in writing of this change. Auture of Registered Agent	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed that the limited liability company has been