L16000190025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

٦



12/08/20--01025--001 ++420.00



Office Use Only

•		
•		•

COVER LETTER

Game Quest LLC	
SUBJECT:Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Perry Chambers	
Name of Person	
Game Quest LLC	
Firm/Company	
12083 Luxembourg Ct	
Address	
Spring Hill, FL 34609	
City/State and Zip Code	
alexisnchambers@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Perry Chambers at () 232-4572
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□ \$25 Filing Fee

3 \$55 Filing 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.

ame of the limited liability company:	LC.		
12083 Luxembourg Ct	(b)	083 Luxembourg Ct	
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability compa (<u>Note: MAY BE POST OFFICE BON</u>	
Spring Hill, FL 34609	Spi	ing Hill, FL 34609	
October 14, 2016	L16	000190025	
Date of filing/registration in Florida	4.	Document number	
Beverly J Hueston			
Registered Agent and Registered Office shown on the records 1306 E Boyer St	s of the Florida Dep	t. of State:	
Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>		
Tarpon Springs	FL		
Perry Chambers			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address	··· 	
12083 Luxembourg Ct		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
NEW Registered Office Address:			
Spring Hill	FL ³⁴⁶⁰⁹		
limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	the registered of I liability compa rs of the limited	fice and the business office of the registere ny, it is hereby confirmed that the change(hability company or as otherwise provided	

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. I hereby confirm that the limited liability company has been notified in writing of this change.

Vench ann Signature of Registered Agent

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