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To: From:	Division of Corporations Fax Number : (850)617-6383	
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	
**Enter the	email address for this business entity to be used for futur	·e

annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE QOL ADVISORS, LLC

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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.

Floride					
l. Ni	ame of the limited liability company: QOL AD	VIS	ORS, LL	<u>.C</u>	
2. (a)	12190 WELLESLEY CT		(b) 12190 WELLESLEY CT		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		• /	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	FORT MYERS. FL 33913		FORT M	MYERS, FL 33913	
	04 105 1004 5			004627	
-	01/05/2017	– .			
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept, of State	:	
	12190 WELLESLEY CT				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>		
				26. 26.	
	FORT MYERS	FILANT 12			
	, 1	_L 339:			
(b)	Northwest Registered Agent	LLC			
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		
	7901 4th St N			Property of the second of the	
	NEW Registered Office Address:	•		_	
	STE 300				
	St. Petersburg	L <u>337</u> ()2		
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the l	gistered office company, it is imited liability	and the business office of the registered thereby confirmed that the change(s) are company or as otherwise provided in	
()	orean John	Μ	organ Noble	9	
Signature of a member or authorized representative 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, I hereby confirm that the limited liability company has been notified in writing of this change.

o Glove Glover - Assistant Secretary

Signature of Registered Agent