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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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AUG 0 7 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: McQuaid Investm Name of Lim	ent House, LLC ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tracy A. McQuaid Name of Person				
Firm/Company				
6523 Spyglass Circle				
Fernandina Booch, FL 3 City/State and Zip Code	32034			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Traw A. M'avaid at (704, 610.6529			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$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. Nar	ne of the limited liability company: McQuaid Invot	ment House, LLC
2. (a)	([22 00 (a) and Circle	Same
2. (a) _	· · · · · · · · · · · · · · · · · · ·	valing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Fernandina Beach, Fr 32034	
_		7000017303
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Tray A.M. Quaid	
• /	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	•
	86120 Montauk by	
	Fernandina Beach FL 32034	
		•
(b)	Tracy A. McQuaid	-
ı	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	6523 Spyglass Circle	
	· ·	
1	Fernandina Beach FL 32034	
If the lin	mited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the char	ige or changes are made, the Florida street address of the registered office	and the business office of the registered
was/wei	ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	v company or as otherwise provided in
the artic	les of organization or the operating agreement of the limited liability con	ipany.
Signati	ire of a member or authorized representative of a member	Printed or typed name of signee
-		
provision the obli to mere	y accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my agations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address. I hereby confirm that in writing of this change.	duties and Lam familian with and account
Signatur	e of Registered Agent	

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