L17000031166

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	·
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	\$25
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2022

AGILE LEGAL 651 N. BROAD STREET SUITE 308 MIDDLETOWN, DE 19709

SUBJECT: QI PROPERTY GROUP, LLC

Ref. Number: L17000031166

We have received your document and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 222A00010719

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Ql Property Group, LLC		
		Name of Limited L	iability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to the	following:
Hanna Wolf o	or Joshua Ginter		
	Name of Person		<u> </u>
Agile Legal			
	Firm/Company		_
651 N. Broad	Street, Suite 308		
	Address		
Middletown,	DE 19709		
	City/State and Zip Cod	e	
compliance@	agilelegal.com		
E-mail	address: (to be used for future a	annual report notifi	ication)
For further in	nformation concerning this matt	er, please call:	
Hanna Wolf c	or Joshua Ciinter	302 at (376-6710
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the followi	ng amount:	
= \$2	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions at sections 605-0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the tollowing statement in order to change its registered office or registered agent, or both, in the State of Florida.

``	ame of the limited liability company:				
(a)			(b)	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability compar (Note: MAY BE POST OFFICE BON)	, -
	3020 N. ROCKY POINT DR STI-150A			3030 N. ROCKY POINT DR STE 150A	
	TAMPA, 11-33607	.		TAMPA, 11, 33607	
	02 08 2017			1.17000031166	
	Date of filing/registration in Florida	4.	_	Document number	
(a)					
1117	Registered Agent and Registered Office shown on the records of	of the Flo	rida 1	la Dept. of State:	
	Global Virtual Agent Services, Inc.				
	Registered Office Address - ESTOST BE FLORIDA STREE	" some	339	30)	
	1408 Harbour Walk Road			-	
	Lampa	L 33602			
	. !	·1			
	Universal Registered Agents, Inc. NEW Registered Address	d Allion	<u> </u>	TARY OF STATAHASSEE, FL	-
	1347 California Street			ATE O	
	LaHahassee	32304 L			
ge Kur Ker nige	mited liability company is not organized under the last changes are made, the Horida street address of the ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members des of organization or the operating agreement of the otal member or authorized representative of a member of a decept the appointment as registered agent and agent of all statutes relative to the proper and complete gations of my position as registered agent as providing reflect a change in the registered office address.	e registe inbility of the lability of the labilities are labeled as a contract of the labeled are labeled are labeled as a contract of the labeled are labeled a	ered com imit I lia I lia cer in	ed office and the business office of the registere ompany, it is hereby confirmed that the changet nited hability company or as otherwise provided liability company. John C. Hunter Printed of typed name of signed in this capacity. I turther agree to comply with ance of my duties, and I am limition with and a	d Lii

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