117000114335

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S. HARIS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	FCT: FLORIDA QUEST REALTY	SERVICES L	LC		
		e of Limited Lia	bility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
KENN	NETH RANKIN				
	Name of Person		_		
	F: (C)		_		
	Firm/Company				
9400	89TH TER				
	Address		_		
SEMI	NOLE, FL 33777				
	City/State and Zip Code		_		
KRAN	IKINPA@GMAIL.COM				
Е	-mail address: (to be used for future annu	ial report notific	ation)		
For fur	ther information concerning this matter,	please call:			
KENN	IETH RANKIN	727	520-5701		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☐ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2017

KENNETH RANKIN 9400 89TH TER SEMINOLE, FL 33777

SUBJECT: FLORIDA QUEST REALTY SERVICES LLC

Ref. Number: L17000114335

We have received your document for FLORIDA QUEST REALTY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

2017 OCT

Letter Number: 617A00019473

CTIO AM 8:07

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.	Name of the limited liability company: FLORIDA QL	JEST REA	ALTY SERVICES LLC
2. (a	n)	(b)	
·	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7779 STARKEY ROAD	7	7779 STARKEY ROAD
	SEMINOLE, FL 33777		SEMINOLE, FL 33777
	05/23/2017	L.	17000114335
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
·	a)	the Florida D	ept. of State:
	Registered Office Address	ADDRESS)	
	9400 89TH TÉR	· · · · · · · · · · · · · · · · · · ·	
	SEMINOLE . FIL	33777	22 To 10 To
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Lore L.	
	Enter name of NEW Registered Agent and/or NEW Registered	i Office addre	255:
	NEW Registered Office Address:		<u>ූ</u>
	7779 STARKEY ROAD		» ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	SEMINOLE	33777	
10.1			*
the c agen was/	Ilimited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	the registe ability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) a diability company or as otherwise provided in
	12	KENN	NETH RANKIN
_	nature of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as providently reflect a change in the registered office address, I fed in writing of this change.	ree to act in performan d tor in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed tirm that the limited liability company has been
Sions	ture of Registered Agent		

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