## L17000 166715

(Re	questor's Name)	
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/Ci+	y/State/Zip/Phone	- <del> </del>
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PICK-UP	WAIT	MAIL.
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Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations	
Quarry Lake, LLC SUBJECT:	
	nited 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 matter	to the following:
Steven T Kowalke	
Name of Person	*****
Quarry Lake, LLC	
Firm/Company	<del></del>
5718 Sea Turtle Place	
Address	
Apollo Beach, FL 33572	
City/State and Zip Code	
stkowalke@yahoo.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Steven T Kowalke 97	72 955-4633
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
Enclosed is a check for the following amount	:
<b>3</b> \$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.

a)	even T Kowalke	(	b) Steven T	Kowalke			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-,	Mailing address	s of limited li	-	
5	718 Sea Turtle Place		5718 Sea	Turtle Place	<u> </u>	377013	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
<b>^</b>	Apollo Beach, FL 33572		Apollo Bo	each, FL 3357	2		
Α	ugust 04, 2017		L17000166	5715			
	Date of filing/registration in Florida	- 4,		Document r	umber		
	Date of Hillgregistration in Florida	4,		Document	itilitioei		
a) _	egistered Agent and Registered Office shown on the records of			_			
		the Floric	la Dept. of Sta	ite:			
_	Registered Agents, Inc.						
	egistered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		<b></b> ₹	22	
7	901 4th Street N			_	Ē	321	
S	St. Petersburg, FI	33702			ALLAHASSEE, FLORI	2021 APR 29	
-	, rı			<del>_</del>	(S)	Ñ	*******   ******
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o) Er	ner name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	<del>_</del>		₽¥	j.
					0R	PM 11: 02	الريبة
S	Steven T Kowalke				IDA AGI	02	
N	EW Registered Office Address:			_			
5	718 Sea Turtle Place						
_				_			
A	Apollo Beach	33572					
	, гі	L		<del>_</del> .			
_				arida iticha	rehy confir	med th	at after
- limi	ited liability company is not organized under the la	ws of the	State of Fl	onua, n is ne	r r	. 1	
ge or	changes are made, the Florida street address of the	register	ed office ar	nd the busines	ss office of		
ge or t will were	changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited li authorized by an affirmative vote of the members of	register ability co of the lir	ed office ar ompany, it i nited liabili	nd the busines is hereby con ty company o	ss office of firmed that	the cha	mge(s)
ge or t will were	changes are made, the Florida street address of the liberidant. Or, in the case of a Florida limited li	register ability co of the lin limited	ed office ar ompany, it i nited liabili liability cor	nd the busines is hereby con ty company o mpany.	ss office of firmed that	the cha	inge(s)
ge or t will were rticle	changes are made, the Florida street address of the le identical. Or, in the case of a Florida limited li authorized by an affirmative vote of the members as of organization or the operating agreement of the	register ability co of the lin limited	ed office ar ompany, it i nited liabili	nd the busines is hereby con ty company o mpany. ke	ss office of firmed that or as otherw	the cha	inge(s)
ge or t will were rticle	changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited li authorized by an affirmative vote of the members of	e register ability co of the lir limited	red office ar ompany, it i nited liabili liability cor ven T Kowal	nd the busines is hereby con ty company o mpany. ike  Printed or typ	ss office of firmed that or as otherw ed name of si	the charies pro	inge(s) wided i

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