117000211744

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	1AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				
wrongform				
Office Use Only				



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November 27, 2018

QUALITY OPTIONS UNLIMITED, LLC BRIGITTE HUNT 858 S SOUTHLAKE DR HOLLYWOOD, FL 33019

SUBJECT: QUALITY OPTIONS UNLIMITED, LLC

Ref. Number: L17000211744

We have received your document for QUALITY OPTIONS UNLIMITED, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 718A00024187

Karen A Saly Regulatory Specialist II

2018 DEC -5 AM 10: 1,2

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: QUALITY OF LONS UNLITHTED LLC Name of Limited Liability Company						
Name of Limited 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:						
BUGITTE HUNT Name of Person						
QUALITY OFTIONS UNLINITE) LLC Firm/Company						
858 S. Souhlable Duve						
Molly Wood - Fl 33019 City/State and Zip Code						
BHUNT316, COM (AST. NET E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
BRIGHTE HUNT at (954) 584 7882 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 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: QUALTY	0170	7 NO	UNUTITE) LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _	85		LAKE DUV ed liability company:
	Hollywood		И	skywoj)
	F(- 33019			F(_32	019
3.	Date of filing/registration in Florida	4.		7000211744 Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Do	ept, of Sta	- te:	
	3030 N. ROCKY POINT DM Registered Office Address (MUST BE FLORIDA STREET AL	V£		-	18
	STE 150A			_	3867
	AMPA	33	60 J	_	表 访 产
(b)	BUGITTE HUNG Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u></u>	_	PH 7: 13
	858 S. SOUTHLAKE DUV NEW Registered Office Address:	F		_	3
	NEW Registered Office Address.			_	
	Hollywooi) FL	330	<u> </u>	_	
the cha agent was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the 1	the registe bility com the limite	red offic pany, it ed liabili	ce and the business of is hereby confirmed ity company or as of	office of the registered that the change(s)
Signal	ure of a member of authorized representative of a member		Bn	Printed or typed name	of signee
provisi the obl	by accept the appointment as registered agent and agre ons of all stalutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change	ve to act in performan for in Ch ereby con	i this cap ce of my apter 60 firm tha	pacity. I further agr duties, and I am far)5, F.S. Or, if this do t the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been
Signatu	re of Registered Agent				

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