1180000 16724

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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WHAT -7 PH 2: 3

J. HARRIS

COVER LETTER

TO: Registration Section

| Divi | sion of Corporations | | | | | |
|--------------------------------|--|----------------------|------------------------|--|--|--|
| SUBJECT: | NATURAL QUANTA LLC | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registe | ered Office Change | and fe | e(s) are submitted for filing. | | |
| Please return | all correspondence conce | rning this matter to | the fo | llowing: | | |
| REGIANE | D. SCOZ CIDRAL | | | | | |
| - | Name of Perso | n | | • | | |
| NATURAL | . QUANTA LLC | | | | | |
| | Firm/Company | , | | - | | |
| 5323 MILL | ENIA LAKES BLVD., | SUITE 300, OFI | F. 352 | 2 | | |
| | Address | _ | | • | | |
| ORLANDO | D, FLORIDA 32839 | | | | | |
| | City/State and Zip | Code | | • | | |
| REGIANE | 74@GMAIL.COM | | | | | |
| E-mail | address: (to be used for fu | ture annual report r | notifica | ation) | | |
| For further in | nformation concerning this | matter, please call | : | | | |
| REGIANE | D SCOZ CIDRAL | 561 | | 405-5058 | | |
| <u> </u> | Name of Person | | , | Area Code & Daytime Telephone Number | | |
| Regi Divi: Clift 2661 | EET/COURIER ADDRI istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | ESS: | Regis Divis P.O. | LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314 | | |
| Enci | losed is a check for the fo | llowing amount: | | | | |
| Ø \$2 | 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. N | ame of the limited liability company: NATURAL QL | JANTA LLC | | | | |
|--|---|--|--|---|-------------------------------------|----------------------------------|
| 2. (a) | 5323 MILLENIA LAKES BLVD. | (b) 5323 M | ILLENIA LAKES | BLVD | | ·· <u>-</u> |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ \ | Mailing address of limited (Note: MAY BE POS | • | • | • |
| | SUITE 300, OFFICE 352 | SUITE 3 | 300, OFFICE 352 | | | |
| | ORLANDO, FLORIDA 32839 | ORLAN | DO, FLORIDA 32 | 2839 | | |
| | JANUARY 18, 2018 | L180000 | 16724 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | ·· |
| 5. (a) | TAX SOLUTIONS & BOOKKEEPING LLC | | | | | |
| J. (4) | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of State | - 2; | | | |
| | 6220 S. ORANGE BLOSSOM TR | | | $\mathbf{F}_{\mathbf{v}}$ | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | • | | | - |
| | SUITE 100 | | | 全部 | HAY | materia. |
| | ORLANDO FL | 32809 | - | SSEE SSEE | 7 | Green. |
| (b) | REGIANE D. SCOZ CIDRAL | | | or si | PM 12: | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | - | S TATE | : 30 | `- # † 1" |
| | 5323 MILLENIA LAKES BLVD. | | | ()> | | |
| | NEW Registered Office Address: | | - | | | |
| | SUITE 300, OFFICE 352 | | _ | | | |
| | ORLANDO , FL | 32839 | | | | |
| the cha agent v was/we | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | the registered office bility company, it is f the limited liabilit | e and the business of s hereby confirmed t y company or as other | fice of the | ie regi hange | stered (s) |
| | - riv | REGIANE D | SCOZ CIDRAL | | | |
| _ | ture of a member or outhorized representative of a member | | Printed or typed name of | • | | |
| I here provisi the obl to mer notified | by accept the appointment as registered agent and agre ions of all statules relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. | ee to act in this cap performance of my I for in Chapter 605 ereby confirm that | acity. I further agred duties, and I am fam i, F.S. Or, if this doc the limited liability c | e to compiliar with cument is company | ply wi n and d heing has b | th the accept filed een |
| Signatu | re of Registered Agent | | | | | |
| | and the Proposition of Marie | | | | | |