

L18000027472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

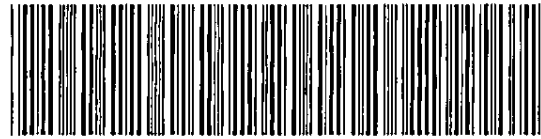
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL  
2020 FEB 13 PM 3:47

O SIMMONS  
FEB 14 2020

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 2/13/2020

Acc#I20160000072

*en: c DW*

Name:	QT FARMS LLC
Document #:	
Order #:	12675586 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QT Farms LLC

\_\_\_\_\_  
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:

Janice Harmon

\_\_\_\_\_  
Name of Person

Kerr, Russell and Weber, PLC

\_\_\_\_\_  
Firm/Company

500 Woodward Ave., Ste. 2500

\_\_\_\_\_  
Address

Detroit, MI 48226

\_\_\_\_\_  
City/State and Zip Code

jharmon@kerr-russell.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Harmon

at ( 313 ) 961-0200

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: <u>QT Farms LLC</u>	
2. (a) <u>500 Woodward Ave., Ste. 2500</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Detroit, MI 48226</u>	(b) <u>500 Woodward Ave., Ste. 2500</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Detroit, MI 48226</u>
3. <u>1/30/18</u> Date of filing/registration in Florida	4. <u>L18000027472</u> Document number
5. (a) <u>C T Corporation System</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1200 South Pine Island Road</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>  <u>Plantation, FL 33324</u>	
(b) <u>Andrew M. Tweddle</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  <u>310 Harbor Dr.</u> <u>NEW Registered Office Address:</u>  <u>Key Biscayne, FL 33149</u>	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Andrew Tweddle for QT Farms Holding Company, Manager _____ Printed or typed name of signee
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*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

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