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(Re	equestor's Name)			
(Ad	Idress)			
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(Cit	ty/State/Zip/Phone	#)		
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(Document Number)				
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JUL 2.5 2019 LALBRITTON

COVER LETTER

Division of Corporations	
SUBJECT: QUENS Made Name of Limite	d 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:
Volnavia Trujo Name of Person	
Quelus made to Ct Firm/Company	<u>l2n</u>
3731 State Rd 600 Fo	ast 1d24
Physical De Wales Fi City/State and Zip Code	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, please call	;
Volhavia Trelo at (8	63) 632-8194 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
with the second of the second	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

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l. Na	ime of the limited liability company: Queens Made +	2 <u>Cl</u>	12Y	1
2. (a)	608 Kings Oak Court (b) 608 Kir	795	Oak	- C w
. , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE			-
	D 1. T1 - 011		351	1
	<u>Dia. Cioliti () 537 Cioliti </u>	[<u> </u>	J	<u></u>
	118000153	 2 6 i 1 ⁵	·.	
_			<i></i>	
3.	Date of filing/registration in Florida 4. Document num	ıber		
5. (a)	Medical United States Corporation Agence	7		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	_		
	13362 Winding Oak Court A.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Tampa , FL 33612			
(b)	Volnavia Trela			
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
			9 <u>0</u>	
	3731 State Rd. GC East Ict 24	:)	
	NEW Registered Office Address:			
		-		
		•	<u> </u>	
	Jake Wales .FL 33898		-	-
	, FL	(9	
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereb	y confirm	ed that a	ifter
agent w	nge or changes are made, the Florida street address of the registered office and the busine will be identical. Or, in the case of a Florida limited liability company, it is hereby confirm	ss office oned that the	of the reg se chang	gistered e(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as	otherwis	e provid	ed in
the artic	cles of organization or the operating agreement of the limited liability company.			
Sign	ture of a member or authorized representative of a-member VO Instiz TVL (<u>دَ</u>		
- γ				
provision the oblition to mere	by accept the appointment as registered agent and agree to act in this capacity. I further to one of the proper and complete performance of my duties, and I amigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this lift is reflect a change in the registered pifice address, I hereby confirm that the limited liabital in writing of this change.	Tamiliar	with and	accent

Signature of Registered Agent