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Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE Q MOGUL REI GROUP, LLC

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WE SOLOMON

## 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

7901 4th St N		_ (I	<sub>b)</sub> <u>7901</u>	4th St N			
Principal office address of limited liab (Note: MUST BE STREET AU		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
STE 300		_	STE	300			
St. Petersburg, FL 33702		_	St. Per	tersburg, FL 3370	02		
09/21/2018			L1800	0224776			
Date of filing/registration in	Florida	4.		Document number	er		
a) GLOVER, TOM							
Registered Agent and Registered Office show	n on the records of th	ae Florid	la Dept. of S	tate:			
NORTHWEST REGISTER	RED AGENT	, LLC	<b>.</b> .				
NORTHWEST REGISTER Registered Office Address (MUST BE FL							
	ORIDA STREET A				1/4 195 - 19 Sa	# <u></u>	
Registered Office Address (MUST BE FL	<i>ORIDA STREET A.</i> STE 150A		<u>S)</u>		20 20 20 41 41 41 41	2#15 AU	
Registered Office Address (MUST BE FL. 3030 N. ROCKY POINT DR. S TAMPA Northwest Registered	ORIDA STREET A STE 150A , FL	<i>odres</i> 3360	<u>S)</u>			2#H AUG   6	
Registered Office Address (MUST BE FL 3030 N. ROCKY POINT DR. S TAMPA	ORIDA STREET A STE 150A . FL d Agent L	3360 LC	<u>5)</u> 7		20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	AUG 16	
Registered Office Address (MUST BE FL 3030 N. ROCKY POINT DR. S TAMPA Northwest Registered	ORIDA STREET A STE 150A . FL d Agent L	3360 LC	<u>5)</u> 7			AUG 16	
Registered Office Address (MUST BE FL 3030 N. ROCKY POINT DR. S TAMPA  Northwest Registered Enter name of NEW Registered Agent and/o	ORIDA STREET A STE 150A . FL d Agent L	3360 LC	<u>5)</u> 7				
Registered Office Address (MUST BE FL 3030 N. ROCKY POINT DR. S TAMPA  Northwest Registered Enter name of NEW Registered Agent and/o 7901 4th St N	ORIDA STREET A STE 150A . FL d Agent L	3360 LC	<u>5)</u> 7		And the second s	AUG 16	

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.

are mereten of the months of the above as a second	
Morrow Jother	Morgan Noble
Signature of a member or authorized representative of a member	Printed or typed name of signee

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 fifty change.

Clow Tom Glover - Assistant Secretary

Signature of Registered Agent