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COVER LETTER

TO: **Registration Section Division of Corporations**

JUL-3 HI 10: 6 <u>lutions</u> Quality 220 SUBJECT: imited 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:

ALENA DIAZ DE LA NUEZ. Name of Person

<u>Guality</u> Home Solutions UC.

341 26 St MiAmi 2770

Minni FL City/State and Zip Code

adress: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACIMIN SUATREZ at (786) 410 4309 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:

S25 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. Na	une of the limited liability company: High Quality Home Solutions LC
2. (a)	2770 SUL ZIO ST Miani FI (1) 2770 SUL 21 St Mani FI
	Principal office address of limited liability company: 33133 (<u>Note: MUST BE STREET ADDRESS</u>) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
3.	05/09/2019
.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2770 <u>30 26 & Miami FL 33133</u>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	AlENA DIAZ DE LA NUEZ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	2770 5W 26 ST Ligmi F(33/33 .
	<u>A. M</u> Registered Office Address.
	, FL
agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in eles of organization or the operating agreement of the limited liability company.
Stgnati	LEVA DIAZ DE LA NUEZ. une of a member or authorized representative of a member Printed or typed name of signee
	w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
Signatur	e of Registered/Agent

Division of Corporationso P.O. Box 6327o Tallahassee, FL 32314 FILING FEE: \$25,00