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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Palmetto Quick Stop LLC		
	Nam	e of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the fo	ollowing:
Mylis	sa Williams		
·	Name of Person		_
Willia	ms Solid Solutions, LLC		
	Firm/Company		_
2229	50th St Cir E		
	Address		_
Palm	etto, FL 34221		_
	City/State and Zip Code		
Willia	msSolidSolutions@Gmail.Com		
E	-mail address: (to be used for future annu	ual report notific	ation)
For fur	ther information concerning this matter,	please call:	
Myliss	sa Williams	941 at (295-9975
<u></u>	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section		ILING ADDRESS: stration Section
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	I aile	ahassee, Florida 32314
	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

. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	(b)		
	4503 US 41 North	450	03 US 41 North		
	Palmetto, FL 34221	Pal	Imetto, FL 34221		
	May 20, 2019	L190	L19000135642		
	Date of filing/registration in Florida	4.	Document number		
(b)	Williams Solid Solutions, LLC	34207			
	Mylissa Williams		—————————————————————————————————————		
	NEW Registered Office Address: 2229 50th St Cir E				
	Palmetto	FL 34221			

Printed or typed name of signee Signature of a member or authorized representative of a member

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 Jamiliar 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