

# L19000163690

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

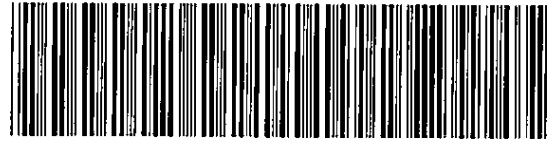
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY 22 PM 12:24  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY STEVEDORING, 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:

SHERRI LOZADA

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

QMGH

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

PO BOX 471207

\_\_\_\_\_  
Address

LAKE MONROE, FL 32747

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

SPATTILLO@MYQLM.COM

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

For further information concerning this matter, please call:

SHERRI LOZADA

407

936-3666

at ( )

\_\_\_\_\_  
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

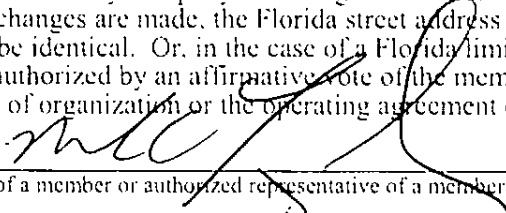
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: QUALITY STEVEDORING, LLC
2. (a) 4035 WEST STATE ROAD 46  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SANFORD, FL 32771
- (b) PO BOX 471207  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
LAKE MONROE, FL 32747
3. 06/21/2019  
Date of filing/registration in Florida
4. L19000163690  
Document number
5. (a) CORPORATION SERVICE COMPANY, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
1201 HAYS STREET  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
TALLAHASSEE, FL 32301
- (b) SHERRI LOZADA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4035 W 1ST STREET  
NEW Registered Office Address:  
SANFORD, FL 32771

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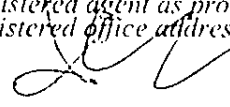
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

MARK LANG, SR

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 of this change.*

  
Signature of Registered Agent