

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1900073343

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To:

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

From:

Account Name : INFINITY PROFESSIONAL SERVICES GROUP INC.
Account Number : I20140000100
Phone : (855) 450-4774
Fax Number : (855) 450-7774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
QUALITY THREADS & NOTIONS CO., LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Q SIMIL

MAY 12 2020

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 Threads & Notions Co., LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

32500 Solon Rd.

Solon, OH 44139

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

100 S Ashley Dr., Suite 2250

Tampa, FL 33602

07/03/2019

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3. 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:

Gabriely, Nir

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

100 S Ashley Dr., Suite 2250

Tampa, FL 33602

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

2020 MAY 11 AM 11:20

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

NIR GABRIELY

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00