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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number

: (888)706-7274

\*\*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 LONG QUALITY PRODUCTS OF FLORIDA LLC

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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

15129570210

ong Quality Products of Florida 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:

Mary Castillo					
Name of Person		<del></del>			
Registered Agent Solutions, Inc.					
Firm/Company		_			
1701 Directors Blvd, Suite 300					
Address	4 2 17	<del></del>			
Austin, TX 78744					
City/State and Zip Code		<del></del>			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mary Castillo  888  705-7274					
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	Reg Div P.C	AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	<b>a</b> \$5	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.

I. N	Name of the limited liability company: Long Quality Products of Florida LLC					
2. (a	4495 MILITARY TRAIL 20	)3 <sub>(b</sub>	4495 MILITARY	TRAIL 203		
<i>2.</i> (1	Principal office address of limited liability companies (Note: MUST BE STREET ADDRESS)  JUPITER, FL 33458	y:	Mailing address of limite (Note: MAY BE POS	T OFFICE BOX)		
3.	7/16/2019  Date of filing/registration in Florida	4.	L19000183488  Document number			
5. (a	, CORPORATION SERVIC	E COM	PANY			
	Registered Agent and Registered Office shown on the reconstruction 1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STR		2 2020	•		
	TALLAHASSEE	_, <sub>FL</sub> 3230	<u>)1                                    </u>	* *· <b>*</b>		
(t	Enter name of NEW Registered Agent and/or NEW Registered		τ			
	155 Office Plaza Dr.					
	NEW Registered Office Address: Suite A					
	Tallahassee	_, <sub>FL</sub> 323	01			
the d agen	e limited liability company is not organized under thange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitwere authorized by an affirmative vote of the memoraticles of organization or the operating agreement	ess of the regi ited liability of abers of the lin	stered office and the business of company, it is hereby confirmed nited liability company or as ot	ithat the change(s)		

/s/ Jill DePaola Member

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 of this change.

Mackenzie Hart. Asst. Secretary

Signature of Registered Agent