Florida Department of State Division of Separations Division of Separations Electronic Filling Cover Speet

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Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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JAN 21 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.	Na	me of the limited liability company: Queen Ar	ngel	P <u>ublic</u>	ations LLC			
		1818 SUPERIOR CT	(b) 1818 SUPERIOR CT					
2. (i		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited (Note: MAY BE POST			
		KISSIMMEE, FL 34759 UN	-	KISSIM	MEE, FL 34759 U	N		
		12/31/19		L200000	008300			
3.		Date of filing/registration in Florida	4.		Document number			
5. (le.	NANCE, SHERRILYNDA A						
J. 1	,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	e:			
		1818 SUPERIOR CT			;	<u> </u>	26	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS.	1			2020 JAN 17 PM 12: 44	i den gant en E gj
		KISSIMMEE , FL	34759)		,; T: <	117	Prince
r)	b)	Registered Agents Inc.				유 경	PM 12	
•	-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- 2	[] 	- - -	
		7901 4th St N			J.	1 1	-	
		NEW Registered Office Address:			···			
		STE 300						
		St. Petersburg	33702) -	_			
the cager was, the a	cha nt v /we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabre.	the regis bility co f the lim limited l	stered office impany, it i ited liabilit	e and the business of s hereby confirmed the y company or as other	fice hat erwi	of the the cha ise pro	registered inge(s)
11,0	. 14.5	ure of a member or authorized representative of a member by accept the appointment as registered agent and agra	e to act	in this can	acity - I further avre	e to	connl	y with the
prov the e to m	isi obl iere	by accept the appointment as registered agent that age on so ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in this change. Bill Havre - Assistant	perform I for in C ereby co	ance of my Chapter 605 onfirm that	duties, and I am fam, 5, F.S. Or, if this doc the limited liability c	iliai umi on	r with is to pany h	ind accept peing filed as been
Sign	atu	re of Registered Agent		•				