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FILL FILL

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	COVER LETTER
TO: Registration Section Division of Corporations	
Qubes LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Daniel Huerta	
Name of Person	
Qubes LLC	
Firm/Company	
4088 Nova Ln	
Address	
Naples, Florida 34119	
City/State and Zip Code	
dhuerta@hotmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	please call:
Daniel Huerta	956 607-7166
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tananassee, FL 52514	Tallahassee, FL 32303
Enclosed is a check for the following a	imount:
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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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.

(a)	ame of the limited liability company: Qubes LLC 4088 Nova Ln (b)		4088 No))	va Ln		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limite (<u>Note: MAY BE POS</u>		-
	Naples, FL 34119		Naples, F	FL 34119		
	03/17/2020		1.2000003			
	Date of filing/registration in Florida			Document number		
	WOOD, BUCKEL AND CARMICHAEL, PLLC	••		i socument miniser		
(a)	Registered Agent and Registered Office shown on the records of 2150 GOODLETTE ROAD NORTH			nte:		
	Registered Office Address (<u>MUST BE FLORIDA STREE</u> SINTH FLOOR	<u>I ADDRES.</u>	2			
	Naples, l	L			2022 SEC	
(b)	Daniel Huerta				2022 JUN 24 SECRE LARY ALL AHASSE	T
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	dress:	_	· · · ·	
	4088 Nova Ln			PM 12:		
	<u>NEW</u> Registered Office Address:				<u>ភ</u> ្	
	Naples, F	34119		_		
ange ent v s/we	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l re authorized by an affirmative vote of the members cles of organization or the operating agreement of th	e register liability co of the lin	ed office au ampany, it ated liabili	nd the business office is hereby confirmed the ity company or as othe	of the register hat the change	red (s)
	D = 1 + - =	Dar	iel Huerta			
ignat	ane of a member or authorized representative of a member			Printed or typed name (vf signce	

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

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