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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	QLM GENERAL REQUIREMENTS, LLC					
.,,,,,,,	Nam	e of Limited	Liability Company			
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to th	ne following:			
SHERRELOZ	ZADA					
	Name of Person					
QMGH						
	Firm/Company	<u> </u>	77 W W W			
PO BOX 471	207					
	Address					
LAKE MON	ROE, FL 32747					
	City/State and Zip Code					
SPATTILLO	@MYQLM.COM					
E-mail	address: (to be used for future annual	ial report no	tification)			
For further in	nformation concerning this matter,	please call:				
SHERRI LOZ	ZADA	407 at (936-3666			
	Name of Person	(11 1	Area Code & Daytime Telephone Number			
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following	amount:				
© \$3	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. N	ame of the limited liability company: QLM GENERAL	_ REQU	REMENTS.	LLC		
2. (a)	4035 WEST STATE ROAD 46		(b) PO BOX 471207			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	(Sole: 31/31 BE 31REE1 ADDRESS) SANFORD, FL 32771		LAKEM	ONROE, FL 32747		
	5/1/1/ 5/10/5/11/5/11/5/11/5/11/5/11/5/1		LAKE MONKOU, 12 32/4/			
	05/06/2020		L20000122	972		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	CORPORATION SERVICE COMPANY, INC.					
J. (a	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET			te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 TALL		
	TALLAHASSEE	32301		E I L		
(b)	SUERRILOZADA			िल 🚘 🔟		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FLÖ		
	4035 W IST STREET			NTE RIDA		
	NEW Registered Office Address:			-		
	SANFORD	32771		_		
chang agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the registe ability cof the limited	red office an company, it i mited liabilit	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.		
Sion	ature of a member or authorized representative of a member		TINE LANG.	Printed or typed name of signee		
I here provis the ob to mer	thy accept the appointment as registered agent and agricons of all statules relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address. It is din writing of this change.	perforn d för in	iance of my Chapter 60:	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed		
Signat	ure of Registered Agent					