7/25/22, 6:59 AM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Page, 2 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

\*\*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 **QMS SERVICES LLC**

Certificate of Status	0
Certified Copy	1
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JUL 25 2022 K. Brumbley

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: QMS SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

To:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 10th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	

wdemalia@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at ( ) 773-0888 ext 9724

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy

LegalZoom.com, Inc.

## 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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  426 HEATHROW CIR  ROCKLEDGE, FL 32955  L20000210459  Document number
ROCKLEDGE, FL 32955  L20000210459  Document number  a Dept. of State:
L20000210459  Document number  a Dept. of State:
Document number  a Dept. of State:
a Dept. of State:
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51
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12
23
e State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  Hinted or typed name of signee at in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
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