L21 000106394

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COVER LETTER

TO: Registration Section Division of Corporations				
QA SPORTS INVESTME SUBJECT:	NTS LLC			
SUBJECT:	Name of Limited Lia	bihty Company		
Dear Sir or Madam:				
The enclosed Statement of Correction an	nd fee(s) are submitted for filin	ng.		
Please return all correspondence concern	ning this matter to the following	iā:		
ANQUINN D ALLEN				
Name of Person	n			
QA SPORTS INVESTMENTS LLC				
Firm Company		_		
111 N. 12TH ST #1810				
Address	- 11.	_		
TAMPA FL 33602				
City State and Zip C	ixle	_		
ANQUINN.ALLEN@ YAHOO.COM			<u> </u>	2021
E-mail address: (to be used for futu	re annual report notification)	_		₩. 22.
			11.	19
For further information concerning this n	natter, please call:		•	2021 APR 19 AH 7: 1
ANQUINN D. ALLEN	901	491-0325	•	7:
Name of Person	al (Daytime Telephone Number	•	ÇT:
<u>Malling Address:</u> Registration Section		Street Address:		
Division of Corporations		Registration Section		
P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
rananassee, 14, 52,514		Tallahassee, FL 32303		
Enclosed is a check for the following ar	nount:			

\$55 Filing Fee &

Certified Copy

1 S60 Filing Fee.

Certificate of Status & Certified Copy

¥\$25 Filing Fee

1 \$30 Filing Fee & Certificate of Stams

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: QA SPORTS INVESTMENTS LLC The Florida Document number of the limited liability company is: 1.21000106394 SECOND: Document to be corrected is: L21000106394 THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: NAME OF REGISTERED AGENT SHOULD READ "ANOUINN D'ALLEN" WHEN REGISTERED I MISTYPED NAME \underline{OR} ☑ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR 2 The electronic transmission of the record was defective. ANQUINN D. ALLEN Signature of Authorized Representative Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent:

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. Thereby confirm that the limited hability company has been notified in writing of this change.

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)