K21000114409

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COVER LETTER

Division of Corporations	
Qion LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	sange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Jason Seelig	
Name of Person	
Qion	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
615 Riviera Dunes Way #601	
Address	
Palmetto Florida 34221	
City/State and Zip Code	
tishnilan@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Jason Seelig at (609 226-9020
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	ent:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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)	615 Riviera Dunes Way #601 Palmetto Florida 34221		(b) 615 Riviera Dunes Way #601 Palmetto Florida 34221		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		_			
	3/10/2021		L21000	0114409	
	Date of filing/registration in Florida Legal Corp solitions LLC	4.		Document number	
(a)		:			
	Registered Agent and Registered Office shown on the records of	the Floric	a Dept. of	of state;	
	Registered Office Address (MUST BE FLORIDA STREET)	4D <u>DRES</u>	<u></u>		
	3440 W HOLLYWOOD BLVD. SUITE 415		_		
	HOLLYWOOD . FL	33021	-	2021 SE TAL	
(b)	Jason Seelig			ANG 19	
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	idress:	SSECTION IN	
	NEW Registered Office Address:			—	
	615 Riviea Dunes Way #601				
	Palmetto , FL	34221			
inge int w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of clessof organization or the operating agreement of the	register bility of f the lir limited	ed office ampany, aited lial	ce and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in the company.	
ignat	ure of a member or authorized representative of a member			Printed or typed name of signee	
visio obli nere	ov accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete igations of my position as registered agent as provided ily reflect a change in the registered office address. I h I in spriting of this change.	perform Ufor in	ance of Chapter	t my duties, and I am familiar with and acce r 605, F.S. Or, if this document is being file	