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SERVICE SEPTIONS

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	CT: Quadjay Support LLC		
	Nan	ne of Limited	Liability Company
Dear Si	r or Madam:		
The end	losed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.
Please r	return all correspondence concerning th	is matter to t	he following:
Jason S	tiyer		
	Name of Person		
Quadjay	Support LLC		
	Firm/Company		
7901 4th	n St N STE 300		
	Address		
St. Pete	rsburg, FL 33702		
	City/State and Zip Code		
quadjays	spt@gmail.com		
E-	mail address: (to be used for future and	nual report no	otification)
For furt	her information concerning this matter.	, please call:	
Jason St	tiyer	at (⁸⁵⁰	չ 520-1525
	Name of Person	at (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	g amount:	
	☑ \$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.

2. (a)	Jason Stiyer		(b)Stiyer		
z, (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300		7901 4th S	t N STE 300	
	St. Petersburg, FL 33702		St. Petersb	ourg, FL 33702	
	03/18/21		L210001297	62	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Jason Stiyer				
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State		
	376 Sweet Tea Lane			ALL SECTION	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>S.S)</u>	FILED 2005 MAR 20 PM 4: 35 TALLAHASSEE, FLORIDA	
	Freeport, F	L_32439		SEE: F	
(b)	Registered Agents Inc			น: 35 Loลเซีย	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	address:	~	
	7901 4th St N STE 300				
	NEW Registered Office Address:				
	St. Petersburg	33702		-	
the cha agent v was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the fet the replication of the limited	gistered office company, it is mited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signy	ure of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee	
I herei provisi	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to a e perfor ed for ir	ect in this cape mance of my o Chapter 605	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	