

(((H220000916473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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 QUENCH L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

MAR 11 2022 T. LEMIEUX

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)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/03/2021	_	L210	000258167	
	Date of filing/registration in Florida	4.	***************************************	Document number	
(a)	PORTIA CLARK				
(b)	Registered Agent and Registered Office shown on the records of 5115 NORTH SOCRUM LOOP RD			State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			V/a	
	APT# 175 LAKELAND	_{I.} 3380	9	2022 HAR	
	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N			FILED 10 AM 10: SSEE, FLOR	
	NEW Registered Office Address:			- 20 20	
	STE 300	·			
	St. PetersburgF	ւ <u>3</u> 370	2		
cha nt v /w arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of of the li- e limited	istered off company, mited liab liability o	fice and the business office of the regist it is hereby confirmed that the change(s ility company or as otherwise provided company.	
-	ture of a member or authorized representative of a member	<u> </u>	ley Par	Printed or typed name of signee	

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Bill Havre

Assistant Secretary