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(City/State/Zip/Phone #)					
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	,			
QUINN LABS LLC SUBJECT:		-		
	ne of Limited L	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the	following:		
ERIC BONTRAGER				
Name of Person	<del> </del>	<del></del>		
QUINN LABS LLC				
Firm/Company				
13555 AUTOMOBILE BLVD., SUITE 550		SECRET TALL!		
Address				
CLEARWATER, FL 33762		ARY OF A		
City/State and Zip Code		AM 10: 09		
LCARTERCPA@VERIZON.NET		31) 60		
E-mail address: (to be used for future ann	ual report notif	fication)		
For further information concerning this matter,	please call:			
ERIC BONTRAGER	813 at (	789-1159		
Name of Person	at (	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	amount:			
□ \$25 Filing Fee	<b>=</b> \$	55 Filing Fee & Certified Copy		
INHS18 (2/14)				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the State of Figure 1.

1. N	Name of the limited liability company: QUINN LABS L	LLC		
2. (a)	QUINN LABS LLC		(b) QUINN LA	ABS LLC
<b>2.</b> ( <b>2</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	` /	failing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	13555 AUTOMOBILE BLVD., SUITE 550		13555 AUT	OMOBILE BLVD., SUITE 550
	CLEARWATER, FL 33762		CLEARWA	TER, FL 33762
	09/21/2021		L2100041649	95
3.	Date of filing/registration in Florida	— 4.	I	Document number
5. (a	UNITED STATES CORPORATION AGENTS INC			
J. (a	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(22)	(0, 5)
	5575 S SEMORAN BLVD 36			2022 78
	ORLANDO, F	L 32822		2022 OCT SECRETA TALLA
(b)	ERIC BONTRAGER			ASY O A
(-,	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	
	13555 AUTOMOBILE BLVD., SUITE 550			AHIO: 09
	NEW Registered Office Address:			
	CLEARWATER , FI	L <sup>33762</sup>		
chang agent was/w the ar	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member	e registe iability of the li	ered office and company, it is l mited liability I liability comp RIC BONTRAG	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided pany.  ER
		raa to a		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and agging of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to a perform d for in hereby	ct th this capac nance of my di Chapter 605, confirm that th	sity. I jurther agree to comply with a stress, and I am familiar with and accepts. Or, if this document is being five limited liability company has been
Signat	ure of Registered Agent			
orginal	are or registered regult			