

L22 000004628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

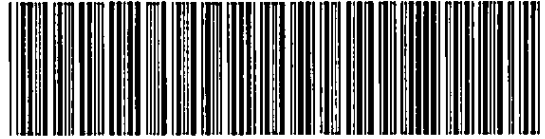
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900399782849

01/03/23--01016--010 \*\*25.00

FILED  
2023-01-03 AM 11:47  
CLERK OF THE STATE  
OF FLORIDA



1883 W. Royal Hunte Dr Ste. 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Emma Smith, Compliance Specialist  
[emma.smith@kkoslawyers.com](mailto:emma.smith@kkoslawyers.com)

12/20/2022

**Florida Secretary of State**  
2415 M Monroe Street, Suite 810  
Tallahassee, FL 32303

***RE: Change of Registered Agent***

**Florida Secretary of State**

Effective immediately, please file the change of Registered Agent and Registered Office for **Quality Financial Planning LLC (L22000004628)**. Attached is a check in the amount of \$25 for any filing fees required.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

Emma Smith  
Compliance Specialist

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quality Financial Planning LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emma Smith

\_\_\_\_\_  
Name of Person

KKOS Lawyers

\_\_\_\_\_  
Firm/Company

1883 W Royal Hunte Dr. Ste 200

\_\_\_\_\_  
Address

Ceadr City, Utah 84720

\_\_\_\_\_  
City/State and Zip Code

emma.smith@kkoslawyers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Smith

435

228-5173

at ( )

\_\_\_\_\_  
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 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.*

1. Name of the limited liability company: Quality Financial Planning LLC
2. (a) 18979 Treble Ln, Boca Raton, Florida 33498  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 18979 Treble Ln, Boca Raton, Florida 33498  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 12/27/2021 Date of filing/registration in Florida
4. L22000004628 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agents Inc.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4th St N Ste 300  
St. Petersburg, FL 33702
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Registered Agents Solutions, Inc.  
NEW Registered Office Address:  
155 Office Plaza Dr, Ste A  
Tallahassee, FL 32301

2023-09-03 AM 11:47  
RECEIVED  
DEPT. OF STATE  
CORPORATE STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mauricio Reyes  
Ms. Inc. & Orgs. (Rev. 10-7-12) 11-01-1511

Signature of a member or authorized representative of a member

Mauricio Reyes

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.*

Adam Saldana  
Signature of Registered Agent