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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 fullure... annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **CQ CAPITAL LLC**

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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. Na	nne of the limited liability company: CQ Capi	tal LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
3.	10/10/22 Date of filing/registration in Florida	L220	00437370 Document number	
5. (a)	QUINN, COURTNEY D Registered Agent and Registered Office shown on the records of 121 NE 34TH ST Registered Office Address (MUST BE FLORIDA STREET) 2501	State:		
(b)	Miami FL. Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	FILED 2022 DEC 22 PM 1: 06 SECSEDURY OF STATE TALL AHASSEE, FL		
	St. Petersburg	33702	- 06 - 08	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cocles of organization or the operating agreement of the	the registered off ability company, in of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) fifty company or as otherwise provided in	
	Rilly Park	Riley Par		
I herei provisi the obl to mere	ture of a member of authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change. Bill Havre - Assistan	ree to act in this c performance of n d for in Chapter C hereby confirm th it Secretary	Printed or typed name of signee apacity. I further agree to comply with the avoidates, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	

Signature of Registered Agent