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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Taylor Olichity Se Name of Limited Li	ervices "LL" in the state of th
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:
Edward Taylor Jr. Name of Person	
Taylor Quality Services L Firm/Company	<u>'LC</u>
15090 NW 36th AVE Address	
Reddick, Fl 37686. City/State and Zip Code	
TOServices 74 @ Singil. Com Elmail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Edward Toylor J6. at 352 Name of Person	) 310/- 7074 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 ☐ \$5	5 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: 164	lor Qu	ality &	Services	1112"
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b)		ng address of limited liates: MAY BE POST OF	
15090 NW 36th Ave. Reddick, F1 32686				
12-12-22		1.2.28	2005/89	351
5. (a) Date of filing/registration in Florida  Registered Agent and Registered Office shown on the record	4. rds of the Florida D		ument number	
Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESSI			
Reddick, F-1	.FL <u>326,</u>	36_	S. C.	2023 HAR
(b) Toy S. Toy or Enter name of NEW Registered Agent and/or NEW Registered	Lared Office udde		5	30
15090 NW 36th Ave	2	<u></u>	(1) (1) (2)	AH 10: 59
NEW Registered Office Address: Redd/CL, Fl 3268	Zb		,	
	_, FL	<del></del>		
If the limited liability company is not organized under the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	of the registered ed liability com- pers of the limite f the limited lia	office and the pany, it is here ed liability con bility company	business office of t eby confirmed that ( inpuny or as otherwith)	he registered the change(s) ise provided in
Signature of a member or authorized representative of a member	_ <u>_                                  </u>	Waal K.	Taylor J	L.
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change.  Signature of Registered Agent	l agree to act in dete performan wided for in Ch ss, I hereby con	n this capacity, ce of my dutie, apter 605, F.S firm that the li	I further agree to s, and I am Jamiliar . Or, if this docume mited liability comp	comply with the with and accep out is being filed oany has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00