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## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

QUILLPOINT CAPITAL USA INVES' SUBJECT:	QUILLPOINT CAPITAL USA INVESTMENTS, LLC					
	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 n	natter to the following:					
SIMON CONWAY						
Name of Person	<del></del>					
QUILLPOINT CAPITAL USA INVESTMENTS, LLC						
Firm/Company						
3907 Island Estates Drive						
Address						
Aventura, FL 33160						
City/State and Zip Code	<del></del>					
sc@feslighting.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
M. Keith Marshall, Esq.	305 785-5553 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 an	nount:					
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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	ame of the limited liability company:  QUILLPOINT C.	APITA	L USA INV	/ESTMENTS, LLC	
2. (a)	3907 Island Estates Drive		(b) 3907 Island Estates Drive		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Aventura, FL 33160		Avent	ıra, FL 33160	
	February 1, 2023		L230000	058066	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)		_			
	Registered Agent and Registered Office shown on the records of Brandy Bailey	the Flo	rida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	<u>:SS)</u>		
	1701 Biscayne Boulevard - Suite 420		_		
	Aventura	33160	ı		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:		
	3363 NE 163rd Street				
	NEW Registered Office Address: Suite 801				
				<del></del>	
	North Miami Beach, FI	33160	ı		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	ered office company, imited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	APUL	N	I.Keith Mar		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ee to d perfor d for i hereby	act in this of mance of in Chapter confirm the	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	