Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000088553 3)))



H240000885533ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

emaıı	Address:			

LLC REGISTERED AGENT CHANGE **QUALITY ICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help MAR 0 7 2024

K. Brumble

6-Mar-2024 13:45 - 15612148442 p.2

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: Quality lee LLC		17767 01.			
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 BOS)		
	loxahatchee, FL 33470		loxahatche	ee, FL 33470		
	02/22/2023	I	L230000946	525		
3.5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number		
,	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	- e:				
	Registered Office Address (MUST BE FLORIDA STREET	-				
	Jacksonville , FI	32202		-		
(b)	Corporate Creations Network Inc.			_	202	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office udd	lress:		; 2024 HAR	
	801 US Highway I			_	6	
	NEW Registered Office Address:			_	PH 2:	
	North Palm Beach, F1	33408		_	25	
change agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members deles of organization or the operating agreement of the	registered ability cor of the limi	I office and npany, it is ted liability	d the business office o s hereby confirmed that y company or as other	f the registered it the change(s)	
	Kristen Espinales	Krist	Kristen Espinales, Attorney-in-Fact			
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and agr fons 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 a I in writing of this change.	<i>performa</i> .	nce of my a	luties, ànd Lam famili	ar with and accept	

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent