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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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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.

Na	me of the limited liability company: QUICK O	FFER SOLUTION,	LLC
(a)		(b)_	
	Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/07/2023		000121260
	Date of filing/registration in Florida	4.	Document number
(a)	ADVANCED TAX ADVISORS		
(41)	Registered Agent and Registered Office shown on the rec 777 BRICKELL AVE	cords of the Florida Dep	of of State:
	Registered Office Address	TREET ADDRESS)	
	MIAMI	. FL	2024
(b)	NORTHWEST REGISTERED AGENT LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4TH ST N		in The
	NEW Registered Office Address:		AH 10: 16
	STE 300		
	ST. PETERSBURG	FL	
inge nt w s/we arti	mited liability company is not organized under or changes are made, the Florida street address vill be identical. Or, in the case of a Florida lim- tere authorized by an affirmative vote of the mer- cles of organization or the operating agreement	of the registered of nited liability compa nbers of the limited of the limited liabil	ffice and the business office of the registered my, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in
9/	ure of a member of authorized representative of a membe	Nat Smi	
aral	ure of a member of authorized representative of a member of a composition of a registered agent a constant of all statutes relative to the proper and configations of my position as registered agent as poly reflect a change in the registered office addition writing of this change.	md agree to act in t	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and acce, wer 605, F.S. Or, if this document is being file on that the limited liability company has been
fice	in to thing by mis change.		