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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Quick Notary Solutions LLC Name 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 matter to the following:				
Dereck Ascencio Name of Person				
Quick Notary Solutions LLC Firm/Company				
100 East Pine St. Svite 110				
Octando Florida 32818 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: (577)				
Pereck Ascencio at 407 ST-7057 Name of Person Area Code & Daytime Telephone Num	— iber			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

☐ \$55 Filing Fee & Certified Copy

2 \$25 Filing Fee

Enclosed is a check for the following amount:

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	me of the limited liability company: Quick Notary Sc	olutions LLC
2. (a)	Principal office address of limited liability company:	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)		00208622 Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 8725 Wellesley luke dv. #208 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Orlando , FL 32818 Dereck Ascencio Enter name of NEW Registered Agent and/or NEW Registered Office address: 100 East Pine St. Suite 110	PILED 2024 JUN 12 PM 4: 32 TÄLLÄHÄSSEE. FLORID
If the	NEW Registered Office Address: OCOO , FL 3280 Limited liability company is not organized under the laws of the State of Flor	rida, it is hereby confirmed that after the
change agent was/w the art Signa I here provise the obto mer	e or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Arc 20 Cl O Printed or typed name of signee

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

Signature of Registered Agent