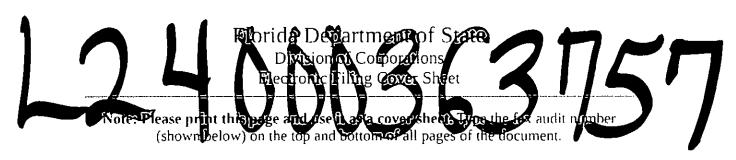
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Fax: 8134365206



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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Email Address:

LLC REGISTERED AGENT CHANGE **C&O QUALITY LLC**

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

M. SOLOMON NOV 1 3 2024

To: 18506176383 Page: 2/2 Fax: 8134365206 11/11/2024 10:22:05 PST

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. 1	Tame of the limited liability company: $\frac{C\&O\;Qu}{Qu}$	ıality	LLC						
2. (a	7901 4th St N		(b) 7901 4th St N						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited liability company: Note: MAY BE POST OFFICE BOX)					
	STE 300	STE 300							
	St. Petersburg, FL 33702		St. Peterst	sburg, FL 33702					
	08/19/24		L24000	363757					
3.	Date of filing/registration in Florida	4.	De	ocument number					
5. (a	, FIGUEROA, CARLOS M								
<i></i> (2	Registered Agent and Registered Office shown on the records o	ida Dept. of State:							
	5690 TOMOKA DR								
	Registered Office Address (MUST BE FLORIDA STREET	<u>SS)</u>	202						
	APT 108								
	ORLANDO	լ 328:	39	2024 NOV 12					
(Ե	Registered Agents Inc			PH 4: 07					
	Enter name of NEW Registered Agent and/or NEW Registere	address;	ಇವು ಕ						
	7901 4th St N			07					
	NEW Registered Office Address:								
	STE 300		<u> </u>						
	St. Petersburg, F	L_337()2						
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re liability of the l	gistered office ar company, it is he imited liability o	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in					
	aure of a member or authorized remesperative of a member	R	obin Jones						
Sipr	ature of a member or authorized remesentative of a member		P ₁	inted or typed name of signee					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent