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.

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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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

LLC REGISTERED AGENT CHANGE QBE FIRST ENTERPRISES, LLC

| Certificate of Status | 0_ |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

J. SAULSBERRY **EXAMINER**

JAN 3.0 2012

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CT CORPORATION

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COVER LETTER

| | TO: Registration Section Division of Corporations | | | |
|--------------------|--|--|--------------|--|
| | SUBJECT: QBE FIRST Enterprises, LLC | | | |
| | | f 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 concernin | g this matter to the following: | | |
| | Name of Person | == | _ | |
| | Verific or v. oroder | SECRE | LUIL JAM C I | |
| | Pinn/Company | CRETARY OF LAHASSEE, F | | |
| | Address | FLORID | | |
| | City/State and Zip Code | | 1 | |
| | B-mail address: (to be used for fature annual report | netification) | | |
| | For further information concerning this mat | ter, please call: | | |
| | | | | |
| | Nama of Person | Area Code & Daytime Telephone Number | | |
| | STREET/COURTER ADDRESS; Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | |
| | 2661 Executive Center Circle Tallahassee, Plorida 32301 | Tallahassee, Florida 32314 | | |
| | Enclosed is a check for the following amount: | | | |
| | □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | |
| | INHS18 (5/08) | • | | |
| FLD13-11/16/2000 C | | | | |

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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 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company: QBE FIRST E | nterprises, LLC | | | |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability comp | ACIA GALWATTIANGO LETTEN VA | | | |
| (Note: MUST BE STREET ADDRESS) | HARLAN IA 51537 2513 SOUTHWEST AVENUE | | | |
| (b) Mailing address of limited liability company: | | | | |
| (Note: MAY BE POST OFFICE BOX) | HARLAN IA 51537 | TA S | | |
| 13/19/2001 | M01000002630 | AHA AHA | | |
| 3. Date of filing/registration in Florida | 4. Document number | SSI | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States CORPORATION SERVICE COMPANY | | | | |
| Registered Agent: Registered Office Address; | 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office addr | esg: | | |
| NEW Registered Agent; | C T Corporation System | | | |
| NEW Registered Office Address: | 1200 South Pine Island Road | | | |
| (MÜST BE FLORIDA STREET ADDRESS) | Plantation | FL 33324 | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the ratical. Or, in the case of a Flass) was were authorized by an | registered office orida limited a affirmative vote | | |

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

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 608, 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.

The confirm System Kristin Boiden
Signatured Ruginselving Assistant Secretary

INH618 (05/08)

Robert O'Byrne

Printed or typed name of signee

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