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.

(((H190001298103)))



H190001298103ABC+

To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		= =
	Account Name : REGISTERED AGENTS INC.	
	Account Number : 120090000081	2.10
	Phone : (307)200-2803	유번다
	Fax Number : (855)330-1010	2
		FF 2
**Enter the em	ail address for this business entity to be used t	for future 팔
annual re	port mailings. Enter only one email address plea	ise.**얼굴 ̄
Email Ado	lress:	≥∵ ⊆

LLC REGISTERED AGENT CHANGE Q1W GROUP, LLC

Certificate of Status	0
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(Jul 2011

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9.9 to/

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: Q1W Gro	up,	LLC			
2. (7901 4th St N			(b) 7901 4th St N			
<u> </u>	a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (/	Mailing address of limited liability (Note: MAY BE POST OFFIC)		
		STE 300		STE 30	00		
		St. Petersburg, FL 33702	- 	St. Pete	ersburg, FL 33702		
		11/14/2006		M06000	0006314		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CHIORANDO, JOHN					
	(4)	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept of Stat	te:		
		1500A TRADEPORT DRIVE					
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>S)</u>			
					5		
		ORLANDO ET	3282	4		-77	
				-	- 2		
(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		NEW Registered Office Address:			_		
		STE 300		·	_		
		St. Petersburg	3370	2			
the ager was the Si I he protection	cha nt w /we arti gnat erei visi	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of a listatutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In	the reg bility c i the lin imited Ril	istered office ompany, it is nited liability corey Park	ee and the business office of the is hereby confirmed that the city company or as otherwise property. Printed or typed name of signee practice. I further agree to company.	he registered change(s) rovided in	
nau	yet 30	Fin scriting of this change. Bill Havre - Assistant	Secre	etary			

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

Signature of Registered Agent