M08000002377

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700224024927

03/13/12--01021--027 **75.00

12 MAR 13 AM 11: WI SECRETARY OF STATE TAULAHASSEE FROM

, ,	COVER LE	TTER		
FO: Registration Section Division of Corporations		si	; *	
	(NUESTMEN) Name of Limited Lia	T PROPERTIES M bility Company	MIAMI,LL	
Dear Sir or Madam:				
The enclosed Registered Agent/Re	egistered Office Char	ge and fee(s) are submitted	d for filing.	
Please return all correspondence c	oncerning this matter	to the following:		
·				
AGA CARPE	NTFR			
Name of Person				
QUALITY TECHNOLOGY	'			
Firm/Company	SERVICES, LEC			
12851 FOSTER STR	EET, STE 205			
•				
OVERLAND PARK				
City/State and Zip	Code			
AGA.MACHAUF@QUA	_ITYTECH.COM_	1994 <u></u>		
E-mail address: (to be used for future a	nnual report notification)			
For further information concernin	g this matter, please of	all:		
ACA CARDENTER	. 04	0 240 55	40	
AGA CARPENTER Name of Person	at (<u>9</u> 1	3) 312-55 Area Code & Daytime Telepho		
STREET/COURIER ADD	DECC.	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Fallahassee, Florida 32314		
Tallahassee, Florida 32301	,	ananassee, 1 lorida 32314		
Enclosed is a check for the following amount:				
\$25 Filing Fee		\$55 Filing Fee & Certified	d Copy	

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 office or registered agent, or both, in the State of Florida.

agent, or voin, in the state of Ftortaa.	
1. Name of the limited liability company:QUALIT	YINVESTMENT PROPERTIES M
2. (a) Principal office address of limited liability compar	ıy:
(Note: MUST BE STREET ADDRESS)	12851 FOSTER STREET, STE 205 OVERLAND PARK, KS 66213
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	12851 FOSTER STREET, STE 205 OVERLAND PARK, KS 66213
	m08000002373
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 ES
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	CAPITOL CORPORATE SERVICES INC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301 US
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability 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 registered office atical. Or, in the case of a Florida limited at the
CHAD L. WILLIAMS	
Printed or typed name of signce I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the production of any particle of the provisions of my particle of the provisions of my particle of the provisions of the provision of	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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

INHS18 (05/08)