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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
TALLAHASSEE. FLORIBA

K. SALY EXAMINER

MAR 1 0 2014



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: March 3, 2014

Order#: 022573-032

Re: QUALITY TECHNOLOGY SERVICES HOLDING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: QUALITY TEC	CHNOLOGY SERVICES HOL	DING, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 12851 FOSTER STREET	, SUITE 205
(TOTAL MOST DE STREET TEDRESS)	OVERLAND PARK	K\$ 66213
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
10/14/2009	M0900004066	PSTA P
3. Date of filing/registration in Florida	4. Document number	THE THE
3. Date of mingregistration in Florida	4. Document number	5.5
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Dept. of State.
Registered Agent:	CAPITOL CORPORATE SERVICES, INC.	
Registered Office Address:	155 OFFICE PLAZA DRIVE, SUITE A	
	TALLAHASSEE	FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office add Corporation Service Comp	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	1201 Hays Officet	
	Tallahassee	,FL_32301
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a less was/were authorized by a wise provided in the articles	e registered office Florida limited an affirmative vote of
Signature of a member or authorized representative of a member		
Dona Priebe Authorized Person	·····	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a thin the limited liability compand I am familiar with a significant compand I am familiar with a signi		
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vi	ce President

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

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