#11/1000002465

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
·			

Office Use Only



500256883055

03/06/14--01027--012 **25.00

2014 HAR -6 PH 12: 57
SECRETARY OF STATE
SECRETARY OF STATE

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#: 022573-069

Re: QUALITY TECHNOLOGY SERVICES, 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.

QUCA.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 TECHN	IOLOGY SERVICES, LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	12851 FOSTER STREET STE	205
(MOST DE STREET ADDRESS)	OVERLAND PARK	K\$ 66213
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		1 TO 30 TO 10 TO 1
05/13/2011	M11000002465	POR O
3. Date of filing/registration in Florida	l. Document number	E. F.S.
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dep	t. of Share 5
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</u>	Registered Office address	:
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an af	istered office da limited firmative vote of
Dona Priebe Authorized Person		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propagate of am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I per and complete performand ition as registered agent as p ely reflect a change in the re has been notified in writing t	further agree to ce of my duties, provided for in gistered office of this change.
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vice	President

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