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,

| (Requestor's Name) | | | | | | | | |
|---|---------------|-------------|--|--|--|--|--|--|
| (Addres | s) | <u> </u> | | | | | | |
| (Addres | s) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | | |
| (Busine | ss Entity Nar | ne) | | | | | | |
| (Docum | ent Number) | | | | | | | |
| Certified Copies | Certificates | s of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| SUBJECT: QE REAL HOLDINGS, L | LLC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agent/Registered Office | fice Change and fee(s) are submitted for filing. | | | | | | | |
| Please return all correspondence concerning this | is matter to the following: | | | | | | | |
| Donna Bertucci | | | | | | | | |
| Name of Person | <u> </u> | | | | | | | |
| Corporate Direct, Inc. | | | | | | | | |
| Firm/Company | | | | | | | | |
| 2248 Meridian Blvd., Ste H | Age 21 | | | | | | | |
| Address | An Here H | | | | | | | |
| Minden, NV 89423 | SS 1 | 1 | | | | | | |
| City/State and Zip Code | | | | | | | | |
| info@corporatedirect.com | | | | | | | | |
| E-mail address: (to be used for future annu | nual report notification) | | | | | | | |
| For further information concerning this matter, j | , please call: | | | | | | | |
| Donna Bertucci | at (775) 782-2201 | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | | |
| Enclosed is a check for the following | g amount: | | | | | | | |
| □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | | | | |

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: QE REAL | HC |)l | DING | S, LLC | 2 | | |
|-----------------|--------------------------------|---|-------------------------------------|--------------------------|--|---|--|--|---------------------------------|
| 2 | | 60 E SIMPSON AVE., BOX 2869 | (b) 60 E SIMPSON AVE., BOX 2869 | | | | | 2869 | |
| 2. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| (0) | | failing address | s of limited lia | bility o | company: |
| | | JACKSON, WY 83001-8667 | - | | JACKSO | N, WY 83 | 3001-8667 | | |
| | | 10/08/2012 | | N | M120000 | 005638 | | , | |
| 3. | | Date of filing/registration in Florida | 4. | _ |] | Document r | number | | |
| 5 | (a) | GERRI DETWEILER | | | | | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of th | e Florid | da I | Dept. of State: | : | | | |
| | | 1037 GREYSTONE LANE | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A) | DDRES | <u>(S)</u> | | | D. 2 | 2 | |
| | | | | | | | | ======================================= | |
| | | SARASOTA , FL 3 | 3423 | 2 | | | CTAS THAS | 9617 WAR - | |
| | (b) | REGISTERED AGENTS, INC. | | | | | Mind C | U U | |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered O | ffice ac | ddı | ress: | | - 10 m | | D |
| | | 3030 N. ROCKY POINT DR., | STE | Ξ | 150A | | 57. 5. | . <u>.</u> 9 | |
| | NEW Registered Office Address: | | | | | | | | |
| | | <u> </u> | | | | | | | , |
| | | TAMPA , FL 3 | 360 | 7 | · · · · · · · · · · · · · · · · · · · | | | | |
| the age was the | char ent w s/we artic | mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab re of a member or authorized representative of a member of a member of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | ne reginility control the lin mited | iste on nit lia | ered office appany, it is ded liability ability comp | and the bus hereby con company opany. YMA I Printed or typ | siness office firmed that or as otherwined name of signer agree to | of the character of the | e registered nange(s) ovided in |
| Sig | natur | e of Registered Agent | | | | | | | |