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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	QPS MRA, LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	nclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the following:					
T. Be	en Hsu						
	Name of Person						
QPS	MRA, LLC						
	Firm/Company						
3 Inn	ovation Way Suite 240						
	Address						
Newa	ark DE 19711						
	City/State and Zip Code						
ben.t	nsu@qps.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
T. Be	en Hsu	302 369-5157					
	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 amount:							
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INH\$1	8 (2/14)						

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: QPS MRA, LL	.c		
2. (a)	QPS MRA, LLC	(b	, QPS MR	A, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3 Innovation Way, Suite 240		3 Innovat	ion Way, Suite 240
	Newark DE 19711-5456		Newark [DE 19711-5456
٠, ١	12/19/2012	_	M1200000)7117
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT Corporation System			
¥. (.,	Registered Agent and Registered Office shown on the records of t	he Florida	a Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	_		
	Plantation , FL	33324		<i>\$4</i>
(b)	T. Ben Hsu Enter name of NEW Registered Agent and/or NEW Registered Office address: QPS MRA, LLC		ldress:	16 JAN 1 1 AI
	NEW Registered Office Address:			AM II: O
	6141 Sunset Drive, Suite 301			97.00 97.00
	Miami , FL	33143		
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability confirmation the lin linuited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I I d in writing of this change.	ee to ac perform d for in hereby c	t in this capa tance of my a Chapter 605 confirm that t	scity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent