## M150000000128

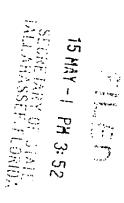
	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	,	•	Σ
SUBJECT: QUAY VENTURE	, LLC		
Name of Foreign	Limited Liabilit	y Compa	any
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	are submitted for	filing.	
Please return all correspondence concerning this	s matter to the fol	llowing:	
Donna J. Feldman, Esq.			
Name of Person			
Feldman & Mahoney, P./	Α.		
Firm/Company			
19321-C U.S. Hwy. 19 N., Suite 60	0		
Address			
Clearwater, FL 33764			
City/State and Zip Code			
ewilson@greenpointellc.	com		
E-mail address: (to be used for future annual	report notificatio	n)	
	-111-		
For further information concerning this matter, p  Donna J. Feldman	·	536-	8003
Name of Person			e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:  ■ \$25 Filing Fee  □ \$30 Filing Fee &  Certificate of Status	: □ \$55 Filing F Certified Co		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## **SECTION I (1-4 must be completed)**

2. The Florida document number of	Ire, LLC  f this limited liability company is	s: M1500000	0128
3. Jurisdiction of its organization:			
Date authorized to do business i	n Florida: 01/02/2015		
SECTION II (5-9 complete only t			
5. New name of the limited liability	y company:(must contain "Limited Lie	ability Company, ""L.L.C	.," or "LLC.")
(If name unavailable, enter alternate name ador consent of the managers or managing members Company," "L.L.C." or "LLC.")	ted for the purpose of transacting business adopting the alternate name. The alternate	in Florida and attach a co name must contain "Limit	py of the written led Liability
6. If amending the registered agent the new registered agent and/or the	and/or registered office address on the second registered office address he	on our records, e <u>nte</u> re:	r the name of
Name of New Registered Agent:	Feldman & Mah	oney, P.A.	15 H
Name of New Registered Agent:  New Registered Office Address:	19321-C U.S. Hwy. 19	N., Suite 600	15 HAY -
	19321-C U.S. Hwy. 19	_ <del></del>	ASS I

Title/ Capacity	Name	Address	Type of Action
Pres	Edward E. Burr	7807 BAYMEADOWS ROAD <b>STE@205, JACKSONVILLE,</b> FL, 33764	EAST _ <b>E</b> Add
			🗆 Remove
VP E	Erik H. Wilson	7807 BAYMEADOWS ROAD EAST,	STE 205
		JACKSONVILLE, FL 33764	Add
			🗆 Remove
VP Graydon	Croydon E. Mioro	7807 BAYMEADOWS ROAD EAST	, STE 205
	Graydon E. Miars	JACKSONVILLE, FL 33764	Add
			_ Remove
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			☐ Remove ☐
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			D Add □
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		re than 90 days old, evidencing the ticated by the official having custody of reco	`a`
	under the law of which this enti		
	<u> </u>	Wh	
	Signature of	of the authorized representative	

Filing Fee: \$25.00