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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : REGISTERED AGENT SOLUTIONS INC
	Account Number : I20100000062
	Phone : (888)705-7274
	Fax Number : (888)706-7274
Enter an	the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.
Em.	ail Address:
	LLC REGISTERED AGENT CHANGE

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2022 (P.)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QK PARTNERS	OF FLORIDA LLC
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Mary Castillo	
Name of Person	- 1.
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann	inal report notification)
For further information concerning this matter,	please call:
Mary Castillo	888 705-7274
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:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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. Nai	ne of the limited liability company: QK PART	NERS OF FLORIDA LLC	
	4111 BRIDGEWAY AVENUE	(b) 4111 BRIDGEWAY AVENUE	:
ž. (d) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) COLUMBUS, OH 43219	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) COLUMBUS, OH 43219	
	44/4/0045	M445000000000	
	11/4/2015	<u>M15000008882</u>	
3.5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COM	4. Document number 1PANY	
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET	SECRETARY TALLAHAS	TI =
	TALLAHASSEE FI	_32301-2525	— N
(0)	Registered Agent Solutions, Inc.	FILE	7
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	155 Office Plaza Dr.		
	NEW Registered Office Address:		
	Suite A		
	Tallahassee	L32301	
the char agent w was/we	nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited li	iws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registiability company, it is hereby confirmed that the change of the limited liability company or as otherwise provided e limited liability company.	sierea s)
s/ Je	nnifer E. Beale	Jennifer E. Beale Assistant Secre	tary
	ure of a member or authorized representative of a member	Printed or typed name of signee	
provision the oblication to mere	one of all elabolae ealainsa in the nearer suid committe	gree to act in this capacity. I further agree to comply with e performance of my duties, and I am familiar with and a led for in Chapter 605, F.S. Or, if this document is being I hereby confirm that the limited liability company has be	ccent
Signatur	e of Registered Agent		