M19000005199

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

Office Use Only



900414485659

S CHATHAM

SEP 12 2023

2000 SCT 11 PH 12: 08

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 963481 8417348 | | | | | | | | |
| AUTHORIZATION : CANALLY SE | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | |
| | | | | | | | | |
| ORDER DATE : August 31, 2023 | | | | | | | | |
| ORDER TIME : 2:17 PM | | | | | | | | |
| ORDER NO. : 963481-158 | | | | | | | | |
| CUSTOMER NO: 8417348 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: Q SERVICES, LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | | |

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. N | lame of the limited liability company: Q SERVICES (| OF INDIA | NA, LLC | | | | |
|---|---|---|---|--|---|-------------------------------------|--|
| 2. (a) | | | | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited lia (Note: MAY BE POST O | ability compa | • | |
| | 8837 BOND ST | | 8837 BON | ND ST | | | |
| | OVERLAND PARK, KS 66214 | | OVERLAN | ND PARK, KS 66214 | | | |
| | 05/28/2019 | | M19000005 | M19000005199 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | · | |
| 5. (a |) | | | | | | |
| | Registered Agent and Registered Office shown on the records o NATIONAL REGISTERED AGENTS, INC. | t the Florid | a Dept. of State | - :: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | - | 29.7 | | | | |
| | 1200 S PINE ISLAND RD | | | | 3 ?? | • | |
| | PLANTATION | L_33324 | | - | 11 438 6/12 | • • | |
| | | | | | <u> </u> | ٠ پ | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | - | PH 12: 08 | انته | |
| | and name of ALV Registered Agent and of ALV Registere | d (////CC ac | idiess. | | 90 | | |
| | Corporation Service Company | | | | | | |
| | NEW Registered Office Address: | | | - | | | |
| | 1201 Hays Street | <u>.</u> | · | _ | | | |
| | Tallahassee | , 32301 | | | | | |
| | | l | | • | | | |
| chang agent was/ y | limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | e register iability co of the lin | ed office and ompany, it is nited liability | I the business office of hereby confirmed that company or as otherw | the register the change | red e(s) | |
| / | Lee E. almi | Jill | Cilmi, Author | rized Person | | | |
| Sign | nure of a member or authorized representative of a member | | Printed or typed name of signee | | | | |
| I here provis the ob to mer north | the accept the appointment as registered agent and age tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address, I drin writing of this change. | ree to act performed for in C hereby co | t in this capa ance of my a Chapter 605, onfirm that t | icity. I further agree to luties, and I am familia. F.S. Or, if this docum he limited liability com | comply wi r with and ent is being pany has b | ith the accept g filed een | |
| <u>. 人</u> | Ingra (2001) | | | y, Asst Vice President | | | |
| aignaii | ure of Registered Agent | | | | | | |