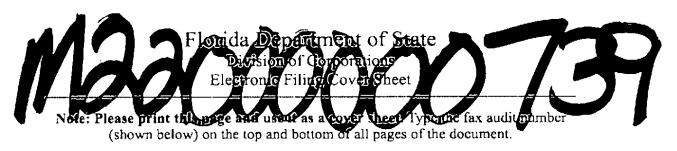
30



(((H24000256795 3)))



H240002567953ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	
To:	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OUALITY ASSETS & OPERATIONS ALC QUALITY ASSETS & OPERATIONS, LLC

	<u> </u>
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LETHEUX JUL 3 1 2024

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

H24000256795

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

1. Name of limited liability Company as it appears on the records of the Flori	da Department of
State: Quality Assets & Operations, LLC	<del></del>
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)	2024 JUL 3
2. The Florida document number of this limited liability company is: M220000	~ <del>**</del>
3. Jurisdiction of its organization: Delaware	8 +:+ 8 ::+
4. Date authorized to do business in Florida: January 13, 2022	—————————————————————————————————————
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (must contain "Limited Liability to the limited liability to the liability to the limited liability liability to the l	Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transaction copy of the written consent of the managers or managing members adopting the must contain "Limited Liability Company," "L.L.C." or "LLC.")	ng business in Florida and attach a c alternate name. The alternate name
6. If amending the registered agent and/or registered officer address on our recongulatered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	rida Street Address
City	, Florida Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent and agree to act in this cathe provisions of all statutes relative to the proper and complete performance of and accept the obligations of my position as registered agent as provided for it document is being filed to merely reflect a change in the registered office addresses.	of my duties, and I am familiar with Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
tle/ Capacity	Name		Type of Action		
GR	Philip Austin Singletary, Jr.	6275 Lunier Island Pkwy	□Add		
		Buford, GA 30518	®Remov		
1BR	South Florida Assets & Operations, LLC	6275 Lanier Island Pkwy	@Add		
		Buford, GA 30518	□Remov		
<del></del>			□Add		
			□Remov		
			□Add		
			□Ramovi		
<del></del>	•	*L	DAdd		
aforemention	nder the law of which this entity is organiz	ne official having custody of records in the	©Remove		

Filing Fee: \$25.00