## Florida Department of State Division of Corporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000371613 3)))



To:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SEGRETARY TALLAHAS
10:	Division of Corporations		7.2
	Fax Number : (850)617-6383		
From:			SEE
ri Qui.	Account Name : REGISTERED AGENT	SOLUTIONS INC	. F
	Account Number : I20100000062		STATE FL
	Phone : (888)705-7274 Fax Number : (888)706-7274		
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Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QS Financial Serv	rices LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest I	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter, pl	ease 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 a	mount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

15129570210

## 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

) <u>4111 BRID</u>	GEWAY AVE.	( <b>t</b>	(b) 4111 BRIDGEWAY AVE.			
Principal offic	e address of limited liability con	npany:	Mailing add	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(Note: MUST BE STREET ADDRESS) COLUMBUS, OH 43219			COLUMBUS			
4/20/2022	·		M220000061	48		
Date of f	iling/registration in Florida	4.	Documer	nt number		
CORPORA	ATION SERVICE	COMPANY	<b>Y</b>			
	Registered Office shown on the	records of the Florida	a Dept. of State:			
1201 HAY	SSTREET			<b>202</b> SE(		
Registered Office Ad	dress (MUST BE FLORIDA	STREET ADDRESS	<u> </u>	2022 OCT 31 SECRETARY TALLAHAS		
TALLAHAS	SSEE	, <sub>FL</sub> 3230	1-2525			
Registered	Agent Solutions,	Inc.		M 7:35 OF STATE SEE, FL		
Enter name of NEW	Registered Agent and/or NEW	Registered Office ad	ldress:	35 TE		
155 Office	Plaza Dr.					
NEW Registered Off	fice Address:	·				
Suite A						
		, <sub>FL</sub> 3230	11			

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/6/		k Kanto	
/s/	ennie	E. Beale	

Jennifer E. Beale

Assistant Secretary

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent