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2025-01-16 15:56:59 GMT

17702346196

From: Kimberly Rogers

Division of Corporations

# 1/16/25, 8:44 AM

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.

(((H25000019015 3)))



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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Fax Number : (800)567-4398

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

Email	Address:		 	

### LLC REGISTERED AGENT CHANGE **QSC SERVICES OF FLORIDA, LLC**

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0
01
\$25.00

K. SALY

JAN 17 2025

Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

TO:	Division of Corporations							
SUBJ	QSC SERVICES OF FLORIDA, LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/Registered Office Cha	ange and fec(s) are submitted for filing.						
Please	return all correspondence concerning this matt	er to the following:						
Mary	Tucay							
	Name of Person							
QSC	QSC SERVICES OF FLORIDA, LLC							
	Firm/Company							
4131	N Central Expressway, Suite 980							
	Address							
Dalla	s TX 75204							
-	City/State and Zip Code	<del></del>						
mtuca	ay@qscservices.us							
I.	-mail address: (to be used for future annual rep	ort notification)						
For fur	ther information concerning this matter, please	call:						
URS /	AGENTS C/O LAUREN JOHNSON	800 567 - 4397						
	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 Talfahassee, Florida 32314						
Enclosed is a check for the following amount:								
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18	8 (2/14)							

2025-01-16 15:56:59 GMT

## 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. Na	ame of the limited liability company: QSC SERVICE	S OF FLORIC	DA, LLC
2. (a)		(b)	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4131 N CENTRAL EXPRESSWAY, STE 980	4131 N CENTRAL EXPRESSWAY, STE 9	
	DALLAS, TX 75204	DALLA	S. TX 75204
	05/13/2024	M24000	006050
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the ZAERR SR, LANCE	Florida Dept. of St	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	FILEL STANDS STANDS STANDS STANDS JAN 16 PK 3: 54
	7640 TRANSOM COURT		
	TAMPA , FL 3:	3607	A TOP P
			3 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	FILEL PK 3: 54	
	URS AGENTS, LLC		三 元 元
	NEW Registered Office Address:	<del></del>	
	3458 LAKESHORE DRIVE		_
	TALLAHASSEE	2312	
Hickord	imited liability company is not organized under the laws		— loride it is baraby confirmed that after
the cha agent v was/wo	ringe or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the clessof organization or the operating agreement of the line.	e registered officility company, it he limited liabili nited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	tyle of a shember or authorized representative of a member	Quintin Smi	Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address. I had in writing of this change.	to act in this ca orformance of my or in Chapter 60 reby confirm tha	,, ,
<u> </u>	re of Registered Avent		