P1200000003

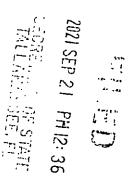
(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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A. Butter 10/6/21

COVER LETTER

TO:	TO: Amendment Section Division of Corporations				
SUBJI	JECT: LFT QSBC-2011 B Inc. Name of Corporation				
DOCU	UMENT NUMBER: P1200000003				
The en	nclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the foll	owing:			
	Ira D Glasky, Esq Name of Contact Person)			
	Law Offices of Ira D. Glasky				
Firm/Company					
2922 Daimler Street					
	Address				
Santa Ana, CA 92705					
	City/State and Zip Code	;			
iglasky@farwestindustries.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Ira Glasky at (949) 224-1970					
	Name of Contact Person Area) 224-1970 Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the Department of Sta	nte.			
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. . .

statement of chi	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	unized under the laws of the State o	of Florica	
1. The name of	the corporation: LFT QSBC-2011 B Inc			
2. The principal	l office address: 7901 4th St N STE 604	3		
St. Petersbu	ırg FL			
3. The mailing a	address (if different): 7901 4th St N STE	6043		
St. Petersb	ourg FL 33702			
4. Date of incor	ate of incorporation/qualification: 12/29/2011 Document number: P12000000003			
	d street address of the current registered rtment of State: (If resigned, enter resign	_	with the	
	Len Bertin			
	8082 Jolly Harbour Court			
	Wellington, FL 33414		_	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered	office	
	Registered Agents Inc.		021 S	
	7901 4th St N STE 300		FP 2	
		DT acceptable		
	St. Petersburg FL 33702		HHZ PHZ	
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of	its:registered agent.	
Such change wanthorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by a otified in writing of the change.	in officer so	
<u>Uus</u>	XO trusing	Albert Lissoy, CEO		
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to rej that the corporation has been notified	itutes relative to the proper and co accept the obligation of my positi flect a change in the registered of	omplete ion as registered	
Bee Han	ma.	9/15/21		
Sig	inature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Bill Havre				
,l.	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *