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## Florida Department of State

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Division of Corporations

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

statement of cha	nge is submitted for a corporat	, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ion organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.	
	he corporation: Quiles Construc		
	office address: 401 EAST JACKS	SON ST STE 2340	
TAMPA, Fl. 3360			
3. The mailing a	ddress (if different): 7901 4th S	N STE 300 St. Petersburg, FL 33702	
4. Date of incorp	oration/qualification: 01/14/21	Document number: P21000002585	
	I street address of the current re timent of State: (If resigned, ent	gistered agent and registered office on file with the cr resigned)	
	Quiles, Eric		
	401 EAST JACKSON ST STE 2340		
	TAMPA, FL 33602		
6. The name and (if changed):	street address of the new regis	ered agent (if changed) and /or registered office	
	Northwest Registered Agent LLC		
	7901 4th St N STE 300		
	P.O. Box NOT acceptable S NO S		
	St. Petersburg FL 33702	P.O. Box NOT acceptable  SECRET	
The street addre as changed will	ess of its registered office and to be identical.	he street address of the business office of its registered agent.	
Such change wa authorized by th	is authorized by resolution dul- se board, or the corporation has	y adopted by its board of directors or by an officer so Special been notified in writing of the change.	
Eric	Quiles	Eric Quiles-President	
-	re of an officer or director	Printed or Typed name and title	
I further agree i of my dutiës, an document is bei	the appointment as registered o comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of thi	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance If the obligation of my position as registered agent. Or, if this Inge in the registered office address, I hereby confirm that the Is change.	
77-N-		12/09/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Taylor Newman			
T	yped or Printed Name	Presidents	

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)