## P9400065907

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					





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09/26/17--01019--006 \*\*35.00

2017 SEP 26 PH 2: 4.0

C. GOLDEN SEP 2 7 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 25, 2017

Order#: 831163/078

Re: QUINLAN MOTORS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6 pige is submitted for a corporation r to change its registered office or	organized under the la	tws of the State o	FLORIDA	
1. The name of t	he corporation: QUINLAN MOTO	RS, INC.			
2. The principal	office address: 15299 US HWY.19	9 NORTH CLEARWAT	ER, FL 33764		
3. The mailing a	ddress (if different): 200 SW 1ST	AVE. 14 FLOOR FT. L	AUDERDALE, F	EL 33301	
4. Date of incorporation/qualification: 09/02/1994 Document number: P94				0065907	
	street address of the current regis trnent of State: (If resigned, enter		ed office on file	with the	
	BETHEL, ALISON E			_	
	200 SW 1ST AVENUE 14TH FLO	OOR		For	
	FORT LAUDERDALE	FL	33301	0017 S	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company				
	1201 Hays Street			108.0 1.08.0 1.08.0	
P.O. Box NOT acceptable					
	Tallahassee	FL.	32301	_	
	ess of its registered office and the be identical.				
Such change was authorized by th	s authorized by resolution duly a le board, or the corporation has be	dopted by its board of deen notified in writing	directors or by a of the change.	n officer so	
		C. COLEMAN	EDMUNDS	SECRETARY	
Signature of an officer or director Printed or typed name and title					
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with so document is being filed merely that the corporation has been not no Service Company	ut statutes retaitive to the	ne proper ana co tion of my positi	αν <i>ας τραις[ρτρά</i>	
By: Yanga Yakubi. 09/19/2017					
Sigi	nature of Registered Agent		Date		
If signing on be	half of an entity:				
GRACE E. KIRI	BY, ASST. VICE PRESIDENT				
Typed or Printed Name					

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