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División of Corporations

Fax Number : (850)617-6380

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

D. BRUCE

REGISTERED AGENT CHANGE

QUANTUM SKY LLC

AUG 28 2008 **EXAMINER**

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

in the state of Fioriaa.	•	
1. Name of the limited liability company: QUANTUM SKY	LLC	,
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	C/O RFR HOLDINGS, LLC	
,	390 PARK AVENUE, 3RD FL NEW YORK NY 10022	
ANNA 111	NEW YORK NY 10022	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
INDIE, MAL BE I OST OFFICE BOX)		
5/1/2003	L03000015685	_
3. Date of filing/registration in Florida	4. Document number	•
5. (a) Registered Agent and Registered Office shown on the	- ' 1'! 	
Registered Agent:	DADY ROBERT SESQ	i emenerativ
Registered Office Address:	201 ALHAMBRA CIR., STE. 601 CORAL GABLES/FL/33134	-
	UO DE	
•	F10	F
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:	Control
NEW Registered Agent:	CT Corporation System	
NEW Registered Office Address:	1200 South Fine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation F[33324	,
If the limited liability company is not organized under the la		.ed
that after the change or changes are made, the Florida street	address of the registered office and the husine	icu ·ce
office of the registered agent will be identical. Or, in the ca		
confirmed that the change(s) was/were authorized by an aff		
company or as otherwise provided in the articles of organiz		
liability company.	addit of any obstanting "President to any minimal	
11/20		
(Signature of a member or authorized representative of a member)	-	
Florence Merceron (Printed or typed name of signee)	· -	
I hereby accept the appointment as registered agent and as	ree to act in this capacity. I further agree to	
comply with the provisions of all statutes relative to the pro		and I
am familiar with and accept the obligations of my position		
F.S. Or, if this document is being filed to merely reflect a c	change in the registered office address, I hereb	על
confirm that the limited liability company has been notified	l in writing of this change.	
CT Corporation SyaSohan R. D	indyal	
Island Assistant Se	cretary	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00