

L11000099355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 11 AM 10:58

FILED

C. LEWIS
OCT 12 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2011

ANETTE DESBAILLETS
A-1 ACCOUNTING SERVICES + BUSINESS SERV
1610 CENTRAL AVE.
ST. PETERSBURG, FL 33712

SUBJECT: QUANTUM QUALITY LLC
Ref. Number: L11000099355

We have received your document for QUANTUM QUALITY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00021151

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quantum Quality, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anette Desbaillets
Name of Person

A-1 Accounting + Business Services
Firm/Company

1610 Central Avenue
Address

St Petersburg, FL 33712
City/State and Zip Code

alaccounting@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anette Desbaillets at (727) 822-8511
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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

*was paid
see attached copy*

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.

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TALLAHASSEE, FLORIDA

1. Name of the limited liability company: QUANTUM QUALITY, LLC

2. (a) Principal office address of limited liability company: 611 S Fort Harrison
Clearwater, FL 33756

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1610 Central Avenue
St Petersburg, FL 33712

(Note: MAY BE POST OFFICE BOX)

8-24-2011
3. Date of filing/registration in Florida

L11000099355
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Joe Huffstutler
Registered Office Address: 253 Corey Avenue
St Pete Beach, FL 33706

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Anette Desbaillets
NEW Registered Office Address: 1610 Central Avenue
(MUST BE FLORIDA STREET ADDRESS) St Petersburg, FL 33712

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member
David Jesus
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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