

701745

(Requestor's Name)

ORIGIN ID:PBIA (561) 627-8100  
LOIS M. KASISCHKE  
HAILE, SHAW & PFAFFENBERGER, P.A.  
660 US HIGHWAY ONE  
3RD FLOOR  
NORTH PALM BEACH, FL 33408  
UNITED STATES US

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

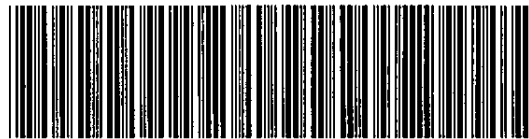
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

OCT 20 2016  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Quantum Foundation, Inc.
2. The principal office address: 2701 North Australian Avenue, #200, West Palm Beach, FL 33407
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/1/1960 Document number: 701745

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Eric M. Kelly

2701 North Australian Avenue, #200

West Palm Beach, FL 33407

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John F. Flanigan, Esquire

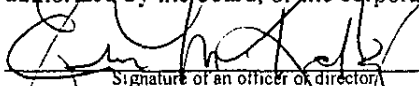
660 U.S. Highway One, Third Floor

P.O. Box NOT acceptable

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Eric M. Kelly, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

October 13, 2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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