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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## REGISTERED AGENT CHANGE QUANTUM SPATIAL, INC.

Certificate of Status	0
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(((H22000320214 3)))

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of WI		
in orde	r to change its registered office or	registered agent, or both, in the State of Flor	ida.	
1. The name of t	he corporation: QUANTUM SPAT	TAL, INC.		
2. The principal	office address: 200 South Park Road	dSuite 350Hollywood, FL 33021		
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 03/12/2001	Document number: F0100000140	<u>)1</u>	
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with tresigned)	.hc	
	CORPORATION SERVICE COM	PANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301		. 20	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	, <del>"</del> " ,	-
	LEGALINC CORPORATE SERVI	ICES INC.	CO B	-1. 
	476 Riverside Ave		rrir 🍱 n	ζ
		P.O. Box NOT acceptable		
	Jacksonville, FL, 32202		(m) 10	
The street addre	ss of its registered office and the be identical.	street address of the business office of its re	gistered agent,	
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has be	dopted by its board of directors or by an offeen notified in writing of the change.	icer so	
L	US	Richard Tong, Executive VP & Co-Sec	cretary	
Signatur	e of an officer or director	Fronted or typed name and title		
l hereby accept l further agree i of my duties, an document is bei corporation has	the appointment as registered age of comply with the provisions of a d I am familiar with and accept ting filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Ill statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address, I hereby c hange.	ete performance gent. Or, if this onfirm that the	
ali	FOR	09/15/2022		
Sig	nature of Registered Agent	Date		
lf signing on be	half of an entity:			
Erik Treutlein				
Ť	ped or Frinted Name			
	* * * FILIN	NG 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)