LD0000003401

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:1	0/15/2020	
	Merritt Walker	
Reference #:_		_
	QUANTUM T	OWN CENTER, LLC
	of Incorporation/Authorization	
Amend	ment	
Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	nount: \$25	
Signature:	111.7	

F: 800.944.6607

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

7 1177 70	•	OLIANITIII	A TOLAIN	OENTED		
1. N	lame of the limited liability company:	QUANTU	MIOVVN	CENTER		
2. (a)			(b))		
- (,	Principal office address of limited lia (Note: MUST BE STREET A)			,	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:
	No Change			No Char	nge	
	March 21, 2000				L00000003401	
3.	Date of filing/registration in	Florida	- -		Document number	
5. (a	, NRAI Services, Inc.					
.). (1	Registered Agent and Registered Office show	n on the records	of the Florida	Dept. of State	- e:	
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FI	ORIDA STREE	ET AD <u>DRESS)</u>	<u>-</u>	-	
	Plantation		151. 33324		<u>.</u>	
(b)	COGENCY GLOBAL INC.					
(()	Enter name of NEW Registered Agent and/o	or <u>NEW Registe</u>	red Office add	ress:	-;	
	115 North Calhoun St., Suite 4	1				
	NEW Registered Office Address:				_	
	Tallahassee		_{FL} 32301		_	
the ch agent was/w	limited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fiere authorized by an affirmative vote cicles of organization or the operating a	street address Torida limited of the member	of the regis Hiability corrs of the limi	tered office mpany, it is ited liability	e and the business office of the regi s hereby confirmed that the change y company or as otherwise provide	stered (s)
/s/ N	latalia Ostensen		Natal	lia Osten	sen	
Sign	ature of a member or authorized representative of	of a member			Printed or typed name of signee	
provis the ol. to me	why accept the appointment as registere sions of all statutes relative to the propoligations of my position as registered a rely reflect a change in the registered of the writing of this change.	ed agent and c er and comple igent as provi ffice address,	igree to act ac performa ded for in C I hereby co	in this cape mee of my hapter 605 infirm that	acity. I further agree to comply wit duties, and I am familiar with and o 5, F.S. Or, if this document is being the limited liability company has be	h the accept gfiled gen

/s/ Tim Mayville Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00