1010000 13565

(Requestor's Nam	ne)
JOHN P. MA ATTORNEY AT LAY HOMESTEAD, FLORIDA 33	030
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	
	622
Office Use	Only W



700056102367

06/17/05--01021--004 **25.00

JOHN P. MAAS ATTORNEY AT LAW

XX

John P. Maas Glenn W. Williams 44 N.E. 16 STREET
HOMESTEAD, FLORIDA 33030
TELEPHONE (305) 247-7132
FACSIMILE (305) 247-7176

June 14, 2005

The second of the second of the second of the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Quick Quantum, LLC Our File No. 1-05

Ladies and Gentlemen:

Enclosed please find a Change of Registered Agent form, along with Check No. 3522, in the amount of \$25.00, in connection with the above-referenced limited liability company. Please file the same and provide our office with verification that this change has been made.

If you have any questions, or require any further information, please feel free to contact our office at any time.

Sincerely,

Gina M. Amador

Legal Secretary

JPM/gma

. *

SECHETARY OF STATE

JUN 17 AM ID: (

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.

1. The name of the limited liability company is:	QUICK QUANTUM, LLC	
2. The mailing address of the limited liability con		
	Homestead, FL 33035	
08/13/01	L01000013565	
3. Date of filing/registration in Florida	4. Document number	-
5. The name of the registered agent and the regist Florida Department of State: Victor Alfred	tered office address as shown on the records of the	
138-25 SW 88 Stree	Name et, #189	
Miami, FL 33186	Name et, #189 Address State and Zip gent and/or office:	1
6. The name and address of the new registered ag	gent and/or office: 현취 S	
Andre Bisasor		
2255 SE 25 Avenue	Name	
Florida street address	s (P.O. Box NOT acceptable)	
Homestead	FL 33035	
City, St	tate and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability co	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.	f
(Signature of a member or authorized representative of a member	r)	

Andre Bisasor

(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 auties, 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 of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00