PEP10000501439

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SECRETARY OF STATE

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 name of the limited liability company is: Quantus Ventures, LLC				
•	address of the limited liability compared S785 SW 99 Avenue, Miami, FL				
January 18, 2002		L02000001	.02000001439		
3. Date of filing/registration in Florida 4. Document n		4. Document num	ber		
	the registered agent and the registere rement of State: Jose Lopez	3.0	n the records of the		
	9785 SW 99 Avenu	ame E			
	Ad	dress	•		
	Miami, FL 33176 City, Sta	te and Zip			
6. The name and address of the new registered agent and/or office:			TALL TALL		
Teresa Lopez		ARE &			
	Nar 9785 SW 99 Avenu	e	SECRETARY I		
•	Florida street address (P	O. Box NOT acceptable)			
	Miami, FL 33176 F		DE: 1		
	City, State	and Zip	> -		
confirmed that a and the business liability compan the members of the operating ag	bility company is not organized und fer the change or changes are made soffice of the registered agent will be it, it is hereby confirmed that the change the limited liability company or as of the limited liability company or as of the limited liability company or as of the limited liability company or as of the limited liability company or authorized representative of a member)	e, the Florida street address on the identical. Or, in the case of ange(s) was/were authorized otherwise provided in the art	of the registered office of a Florida limited I by an affirmative vote of		
Jose Lopez	oct of adjustice representative of a memory				
(Printed or typed nar					
I hereby accept comply with the and I am familie Chapter 608, F, address, I hereb (Signature of Regist	t the appointment as registered agent provisions of all statutes relative to ar with and accept the obligations of S. Or, if this document is being filed by confirm that the limited liability confirms the liability confirms that the limited liability confirms the liability confirms the limited liability confirms the liability co	if and agree to act in this cap the proper and complete pe f my position as registered a d to merely reflect a change ompany has been notified in	pacity. I further agree to informance of my duties, agent as provided for in in the registered office writing of this change.		
	= *				

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

INHS18(10/99) FILING FEE: \$25.00