Division of Corporations Public Access System

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Division of Corporations

: (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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## REGISTERED AGENT CHANGE

QUANTUM VIEW LLC

Certificate of Status	0	0
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Estimated Charge		\$35,00

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AUG 28 2008

**EXAMINER** 

8/27/2008

## 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. Name of the limited Hability company: QUANTUM VIEW	N LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	7: 390 PARK AVENUE THIRD FL		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	NEW YORK NY 10022		
•		•	
5/1/2003	L03000015686	٠	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:	0	
Registered Agent:	DADY ROBERT EESQ	Ξs	
Registered Office Address:	201 ALHAMBRA CIR., STE. 601 CORAL GABLES/FL/33134	ECRET	
		O P	
(b) Enter name of NEW Registered Agent and/or NEW		ORPO	
NEW Registered Agent:	CT Corporation System	<u>×</u>	
NEW Registered Office Address:	1200 South Pine Island Road	0. 0. 0. 0.	
(MUST HE FLORIDA STREET ADDRESS)	Plantation FL33324		
If the limited liability company is not organized under the lethat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca confirmed that the change(s) was/were authorized by an afficompany or as otherwise provided in the articles of organizability company.  (Signappe of a member or authorized representative of a member)	t address of the registered office and the businesse of a Florida limited liability company, it is harmative vote of the members of the limited liab	ss iereby bility	
Florence Merceron (Printed or typed name of signee)	<del>-</del>		
I hereby accept the appointment as registered agent and as			
comply with the provisions of all statutes relative to the pro			
am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c			
confirm that the limited lightlife company has been notified	in uniting of this change	,	
CT Corporation System Sohan   (Signature of Registered Agent)  Assistan	R. Dindyal It Secretary		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)