## LOHEDOD 19497

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## 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.

agent, or both, in the State of Florida.	2005 JUN 14 A 10: 19
	ny is: Quant-FX Management, LLC
2. The mailing address of the limited liabil	lity company is: 909 McCleary Street, Delray Beach,
Florida 33483	
03/03/2004	L04000019497
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:  Michael Lapat	registered office address as shown on the records of the
	Name ty Drive, Ste 311
· · · · ·	Address Florida 33065 City, State and Zip
6. The name and address of the new registe	
Steven Michae	əl
909 McCleary	Name Street
Florida street ad	ddress (P.O. Box NOT acceptable)
Delray Beach	<sub>FL</sub> 33483
C	Sity, State and Zip
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the	rized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote of my or as otherwise provided in the articles of organization or lity company.
Signature of a member or authorized representative of a	member)
Steven Michael	·
(Printed or typed name of signee)	<del></del>
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the obliging the control of the c	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.
(Signature of Registered Agent)	

**FILING FEE: \$25.00** 

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



## 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:	Quar	nt-FX Managemer	nt, LLC SECRETARY OF STATE
2. The mailing address of the	he limited liability co	ompany	is: 909 McClear	TALLAHASSEE, FLORIDA y Street, Delray Beach,
Florida 33483				·
03/03/2004			L04000019	9497
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registere Florida Department of Sta		stered of	ffice address as sho	wn on the records of the
;	3300 University Dri	Name ive, Ste		
(	Coral Springs, Flor	Addresida 330 State a	)65	
6. The name and address of	•		•	
	Steven Michael			
Ş	909 McCleary Street	Name et		
	Florida street address	s (P.O.	Box NOT acceptab	le)
<u></u>	Delray Beach	FL	33483	
	City, S	State and	d Zip	
If the limited liability compacton confirmed that after the charand the business office of the liability company, it is hereby the members of the limited the operating agreement of the limited of the limited of the limited of the operating agreement of the limited of the limi	nge or changes are more registered agent with the confirmed that the liability company or	nade, the ide ide change as other	e Florida street addr entical. Or, in the c e(s) was/were autho wise provided in the	ress of the registered office
(Signature of a member or authorize	d representative of a member	er)	<del></del>	
Steven Michael				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions of and I am familiar with and Chapter 648, F.S. Or, if this address, I hereby confirm the	ment as registered a of all statutes relative accept the obligation is document is being that the limited liability	gent and e to the is of my filed to ty comp	d agree to act in thi proper and comple position as registe merely reflect a cho any has been notifi	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**