106000/13496

(Requestor's Name)
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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
O7 NOV 16 PM 2: 05

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Quantum Engineering Par (Name of		pility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted	for filing.
Please return all correspondence concerning	g this matter	to the following:	
Mandy Bass			
(Name of Person)		_	
Quantum Engineering Partners, LLC (Firm/Company)			DIVISION OF CO
	. ·		of co
PO Box 531067 (Address)			CORPOR
(Addiess)			RY OF STATIONS CORPORATIONS
Miami Shores, FL 33153			ons 05
(City/State and Zip Code)			
For further information concerning this mat	ter, please ca	II:	
Mandy Bass	at (305	_{).} 893.1257	
(Name of Person)	_ \	(Area Code & Daytime T	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the followi	ng amount:		
✓ \$25 Filing Fee	□ \$	555 Filing Fee & Certified (Сору

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.

The name of the limited liability compan	y is: Quantum Engineering Partners, LLC		
2. The mailing address of the limited liabili	ity company is : PO Box 531067		
11/27/2006	L06000113496		,
3. Date of filing/registration in Florida	4. Document number		
Florida Department of State:	registered office address as shown on the rec	ords of the	:
Debra Sinkle K	Name		
1175 NE 125TH	STREET STE. 103		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address		
NORTH MIAMI F		07	V VID
	City, State and Zip	25	13.50 13.50
6. The name and address of the new register	red agent and/or office:	07 NOV 16	RETAR IN OF C
Mandy Bass		72	Y OF STATI
4000 NE 404 O	Name	.∵	POR POR
1323 NE 104 St.,		: 05	AH
Florida street ad	dress (P.O. Box NOT acceptable)	5	S.
Miami Shores FL 3	33138 FL		
Ci	ity, State and Zip		
confirmed that after the change or changes a and the business office of the registered age.	ized under the laws of the State of Florida, it are made, the Florida street address of the regnt will be identical. Or, in the case of a Florient the change(s) was/were authorized by an appany or as otherwise provided in the articles oblitty company.	istered off da limited ffirmative	vote
(Printed or typed name of signee)			
I hereby accept the appointment as register comply with the provisions of all statutes reland I am familiar with and accept the obligation of the comment is be address, I hereby confirm that the amited lies of the comment of the co	red agent and agree to act in this capacity. I lative to the proper and complete performand ations of my position as registered agent as p ging filed to merely reflect a change in the re ability company has been notified in writing o	further agi ze of my du rovided fo gistered of of this chai	ree to ities, r in fice nge.
(Signature of Registered Agent)			
, , , -	s, P.O. Box 6327, Tallahassee, FL 32314 LING FEE: \$25.00		

INH\$18 (8/05)