

L07 000036017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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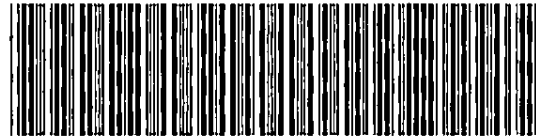
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Quantum Investment Strategies, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C/O Angela Glao  
Name of Person

Quantum Investment Strategies, LLC  
Firm/Company

P.O. Box 217  
Address

Deleon Springs Fl. 32130  
City/State and Zip Code

glaoangel@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Glao at 934 849-7529  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 liability company: QUANTUM INVESTMENT STRATEGIES, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

155 PONCE DELEON BLVD.

PO BOX 217

DELEON SPRINGS, FL 32130

DELEON SPRINGS, FL 32130

04/04/2001

L07000036017

3. Date of filing/registration in Florida 4. Document number

5. (a) ~~ELIZABETH CARPENTER~~ Angela Glad Mgr.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5784 Johnson Lake Rd Deleon Springs Fl.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 32130

PO BOX 217

DELEON SPRINGS, FL 32130

(b) ~~NONE~~ Angela Glad Mgr.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

~~NONE~~ 5784 Johnson Lake Rd  
NEW Registered Office Address:

Deleon Springs, FL 32130

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ANGELA GLAD

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent