LICOCOMO 441

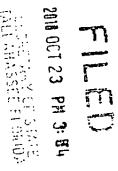
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/01/18--01012--028 **25.00



COLISSION



October 5, 2018

JONATHAN TEBOUL MANAGEMENT MIAMI FLORIDA 20533 BISCAYNE BLVD. #168 AVENTURA, FL 33180

SUBJECT: QUANTUM 1812 LLC Ref. Number: L10000016441

We have received your document for QUANTUM 1812 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

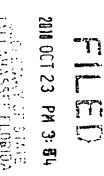
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 618A00020838



,- , COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Quantum 1812, LLC						
Nam	ne of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning thi	is matter to the following:					
JONATHAN TEBOUL						
Name of Person						
MANAGEMENT MIAMI FLORIDA						
Firm/Company						
20533 BISCAYNE BLVD. #168						
Address		28				
AVENTURA, FL 33180	(A)	2811 007				
City/State and Zip Code	——————————————————————————————————————	1 23				
accounting@managementmiami.com)	P Fi				
E-mail address: (to be used for future annu	nual report notification)	المالية المالية				
For further information concerning this matter,	please call:	Star Car				
Melanie Freidzon	305-305-5323	•				
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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. Na	me of the limited liability company: Quantum 181	2, LLC		
2. (a)	999 BRICKELL AVENUE SUITE 600	(b) 999 BRICKELL AVENUE SUITE 600		
<i>L.</i> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	<i>-</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131		MIAMI,	FL 33131
	02/11/2010	_	L100000	016441
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MITCHELL SETH POLANSKY, P.A.			
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AND 1999 BRICKELL AVENUE SUITE 600			
	MIAMI , FL	33131		21 OCT
(b)	JONATHAN TEBOUL			25 N F
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	3 17
	NEW Registered Office Address:			LOS GE
	20533 BISCAYNE BLVD. #168			- Up
	AVENTURA, FL	33180		_
the cha agent v was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of closs of organization or the operating agreement of the	the regis ibility co I the lim	stered offic impany, it ited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Marke	MA	SSA INVE	ESTMENT GROUP LLC
Signat	ture of a prespect or authorized representative of a member	-		Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this change.	nerform	unce of mi	duties, and Lam familiar with and accept
Signātū	re of Registered Agent			