

LI0000016441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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DIVISION OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quantum 1812, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN TEBOUL

Name of Person

MANAGEMENT MIAMI FLORIDA

Firm/Company

20533 BISCAYNE BLVD. #168

Address

AVENTURA, FL 33180

City/State and Zip Code

accounting@managementmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Freidzon

Name of Person

305-305-5323

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

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TALLAHASSEE FL 32314

**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 1812, LLC

2. (a) 999 BRICKELL AVENUE SUITE 600 (b) 999 BRICKELL AVENUE SUITE 600

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33131

MIAMI, FL 33131

02/11/2010

L10000016441

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 Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

999 BRICKELL AVENUE SUITE 600

MIAMI, FL 33131

(b) JONATHAN TEBOUL

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

20533 BISCAYNE BLVD. #168

AVENTURA, FL 33180

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.

MASSA INVESTMENT GROUP LLC

Signature of a member or authorized representative of a member

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 in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

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2010 OCT 23 PM 3:54
TALLAHASSEE, FLORIDA
DIVISION OF STATE