

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000034605

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** PARALLAX QUANTITATIVE ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

1347 MARSH HARBOR DRIVE  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

1347 MARSH HARBOR DRIVE  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 45-2903824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEIGH, LOMMEN E  
1347 MARSH HARBOR DRIVE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEIGH E LOMMEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOMMEN, LEIGH E  
Address: 1347 MARSH HARBOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEIGH LOMMEN

CIO

10/08/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date