L13000136413

-	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UF	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--01025--014 **25.00



n BRUCE



October 5, 2018

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

SUBJECT: QUANTUM 516 & 2012 LLC

Ref. Number: L13000136413

We have received your document for QUANTUM 516 & 2012 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.

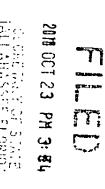
The registered agent must sign accepting the designation.

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: 218A00020839



COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	QUANTUM 516 & 2012 LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or M	Madam:	•				
The enclosed	d Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning this ma	atter to the following:				
JONATHA	AN TEBOUL					
	Name of Person					
MANAGE	MENT MIAMI FLORIDA					
	Firm/Company					
20533 BIS	SCAYNE BLVD. #168					
_	Address					
AVENTUF	RA, FL 33180					
	City/State and Zip Code					
accounting	g@managementmiami.com					
E-mail	address: (to be used for future annual r	eport notification)				
For further in	nformation concerning this matter, plea	ise call:				
Melanie Fi		305-305-5323				
	Name of Person	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
Enc	losed is a check for the following amo	ount:				
2 \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14	1)					

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.

l. Na	ume of the limited liability company: QUANTUM 5	16 &	2012 LL	C	
2. (a)	999 BRICKELL AVENUE SUITE 600	(b) 999 BRICKELL AVENUE SUITE 600			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	•	ited liability company: OST OFFICE BOX)
	MIAMI, FL 33131		MIAN	/II, FL 33131	
	09/26/2013		 L1300	0136413	
3.	Date of filing/registration in Florida	4.		Document number	r
i. (a)	MITCHELL SETH POLANSKY, P.A.				
. (/	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDR	<u> </u>		
	999 BRICKELL AVENUE SUITE 600				22
	MIAMI , FL	331	31		2010 OCT SELVALIA TALLAHA
(b)	JONATHAN TEBOUL				T 23
	Enter name of NEW Registered Agent and/or NEW Registered	Office	nddress:		
					[2] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	NEW Registered Office Address:		 .		ज़िल 🖅
	20533 BISCAYNE BLVD. #168				
	AVENTURA , FL	3318	30		
he char gent w /as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reability of the l	gistered of company, imited liab d liability	ffice and the business it is hereby confirmed bility company or as of	office of the registered that the change(s) therwise provided in
Signati	ure of sther the grauthorized representative of a member			Printed or typed name	
hereb rovisio ie obli mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I fin writing of this change.	ee to o perfor d for i licreby	act in this of in Chapter : confirm th		

Signature of Registered Agent