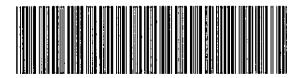
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(Requestor's Name)								
(Address)								
(Address)								
,								
(City/State/Zip/Phone #)								
(City/State/Zip/Priorie #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates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

Office Use Only



200363599562

04/12/21--01021--019 ++25.00



TO: Registration Section

Divisi	on of Corporations								
SUBJECT: _	Change of Registered Agent for Quantique, LLC								
SUBJECT: _	Name of Limited Liability Company								
Dear Sir or Ma	adam:								
The enclosed	Registered Agent/Registered	Office Cha	inge and	fee(s) are submitted for filing.					
Please return a	all correspondence concerning	g this matte	er to the	following:					
Thomas Bazyli	Bahder								
	Name of Person			_					
Quantique, LL0	C								
	Firm/Company								
41 Southwind I	Orive								
	Address	-							
Belleair Bluffs,	Florida 33770								
	City/State and Zip Coo	de	•	_					
tbahder@gmail	.com								
E-mail a	ddress: (to be used for future	annual rep	ort notifi	cation)					
For further inf	ormation concerning this ma	tter, please	call:						
Thomas Bazyli	Bahder	at (256	929-5903					
	Name of Person		•	Area Code & Daytime Telephone Number					
<u>Maili</u>	ng Address:			Street Address:					
Regis	tration Section			Registration Section					
	ion of Corporations			Division of Corporations					
	30x 6327			The Centre of Tallahassee					
Tallal	nassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclo	sed is a check for the follow	ing amour	ıt:						
■ \$25	Filing Fee		□ \$5	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. N	ame of the limited liability company: Quantique, LLC		···			
2. (a)		(b)				
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	41 Southwind Drive					
	Belleair Bluffs, Florida 33770					
			001			
3.	Date of filing/registration in Florida	<u></u> -	Doci	ument number		
	LEMENTOWSKI. MARIA					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:			
				7.	203	
	Registered Office Address (MUST BE FLORIDA STREET			2021 APR		
	41 Southwind Drive					
	Belleair Bluffs , FI	33770		ŅĪĀŠSEĒ. FLORIDA		
(L)	Thomas Bazyli Bahder				AM 12: 46	i
(b)	Enter name of NEW Registered Agent and/or NEW Registered		טת:D	7 +		
				Þ	0.	
	NEW Registered Office Address:					
	41 Southwind Drive					
		··········				
	Belleair Bluffs , FI	33770				
If that	limited liability company is not organized under the la			it is haraby aanf	irmad tha	t ofter the
change	e or changes are made, the Florida street address of the	registered of	fice and the	business office o	f the regis	stered
agent was/w	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	ability compa of the limited	ny, it is here liability com	by confirmed that	it the char wise prov	nge(s) rided in
the art	icles of organization or the operating agreement of the					
Ciona	ture of a member or authorized representative of a member	Thomas	Bazyli Bahdei	r ted or typed name of:	aignus .	
-	•	raa to act in ti		•	_	with the
r nere provis the ob- to mer notifie	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to act in to performance d for in Chap hereby confir	of my duties ter 605, F.S. m that the lir	i jurther agree i s, and I am famili . Or, if this docu mited liability col	ar with an ment is be mpany ha	with the nd accept eing filed s been
Signate	re of Registered Agent					
Signatu	ис от мевляется удент					