

L16 0000 96016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

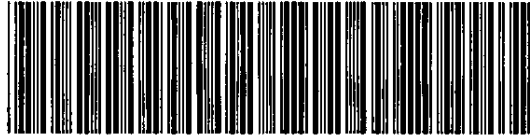
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

R.A. Sign

Office Use Only



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06/17/16--01014--019 \*\*25.00

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2016 JUL -1 A 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 05 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2016

TOM WILSON  
121 S. WASHINGTON DRIVE  
SARASOTA, FL 34236

SUBJECT: QUANTUM PROSTATE SOLUTIONS LLC  
Ref. Number: L16000096016

We have received your document for QUANTUM PROSTATE SOLUTIONS 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):

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 116A00012883

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quantum Prostate Solutions

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:

Tom Wilson

Name of Person

Quantum Prostate Solutions

Firm/Company

121 S. Washington Drive

Address

Sarasota, FL 34236

City/State and Zip Code

Thomasleawood@aol.com

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

For further information concerning this matter, please call:

Tom Wilson

at ( 913 )

904-8887

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

**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 Prostate Solutions

2. (a) 121 S. Washington Drive/Sarasota, FL 34236 (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5/16/2016

L16000096016

3. Date of filing/registration in Florida

4. Document number

5. (a) remove

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Shelley Wheeler

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1819 Main Street/Suite 401

Sarasota, FL 34236

(b) ADD

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

Thomas F Wilson, Jr

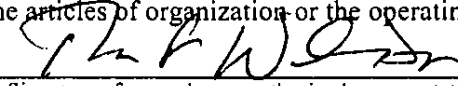
NEW Registered Office Address:

121 S. Washington Drive

Sarasota, FL 34236

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

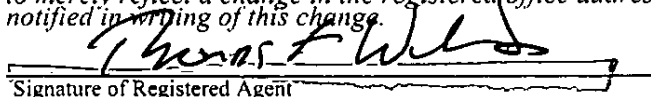


Signature of a member or authorized representative of a member

Thomas F Wilson, JR

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