

L16 0000 96016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

3. 5/16/2016 Date of filing/registration in Florida

4. L16000096016 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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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.

Thomas F Wilson, Jr
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.

Thomas F Wilson, Jr
Signature of Registered Agent