## 116000)110415

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

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 21, 2018

Order#: 268124/015

Re: QUANTUM PLAZA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_ Check in the amount of \$25 \_.

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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	lame of the limited liability company: QUANTUM P	PLAZA LLC				
2. (a)	4730 NW 2nd Avenue, Suite 100	(b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	Boca Raton, FL 33461					
	06/07/2016		1600011	0415		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	OLP RE MGR LLC					
	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State	:		
	4730 NW 2nd Avenue, Suite 100					
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS)	<del></del>			
		·				
	Boca Raton	·I. <u>33431</u>			- 5	
					;	
(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered	1445				
	Enter traine of NEW Registered Agent anti/or NEW Registers	ed Office addres	<u>w</u> :			,
	1201 Hays Street					į
	NEW Registered Office Address:	···				•
					-	
		<del></del>			-	
	Tallahassee , F	T. 32301				
the cha agent v was/we	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp of the limited	ed office any, it is I liability	and the business off hereby confirmed the company or as other	ice of the	registered
	andra Ross ture of a member or authorized representative of a member		Authorized Person			
_	·			Printed or typed name of		
I nere provisi the obl to mere notified	by accept the appointment as registered agent and actions of all statutes relative to the proper and completifications of my position as registered agent as providely reflect a change in the register (d) iffice address. It is writing of this change	ree to act in i e performanc ed for in Cha I hereby confi	this capac e of my di pter 605, rm that th	city. I further agree uties, and I am famil F.S. Or, if this docu se limited liability co	to comply iar with a ment is bo ompany ho	with the ind accept eing filed as been
Signatu	re of Registered Agent Corporation Service Company	BY: Ami	M. Caspi	er Asst Vice Pres	ident	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00