

L17000245 193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

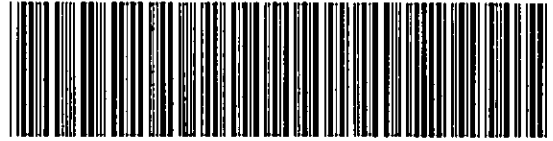
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUADREX1 LLC
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:

MIGUEL KARPEL
Name of Person

QUADREX1 LLC
Firm/Company

11098 BISCAYNE BLVD STE 401
Address

MIAMI, FL 33161
City/State and Zip Code

MKARPEL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL KARPEL at (305) 331-3304
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: QUADREX1 LLC

2. (a) 11098 BISCAYNE BLVD STE 401 MIAMI, FL 33161
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

3. 11/29/17 Date of filing/registration in Florida

4. L17000245193 Document number

5. (a) MIGUEL KARPEL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4000 TOWERSIDE TER APT 503 MIAMI, FL 33138
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

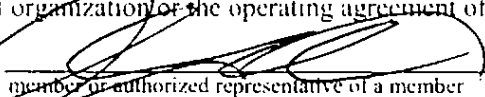
(b) MIGUEL KARPEL
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
11098 BISCAYNE BLVD STE 401

MIAMI, FL 33161

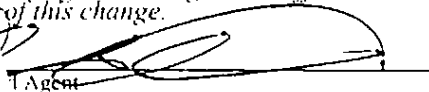
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ited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes are made, the Florida street address of the registered office and the business office of the registered be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in of organization or the operating agreement of the limited liability company.


member or authorized representative of a member

MIGUEL KARPEL
Printed or typed name of signer

I, the appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a change in the registered office address, I hereby confirm that the limited liability company has been of this change.


Registered Agent