# 18000212317

(Requestor's Name)				
(Address)				
(Address)				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Ellar, Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special last vertices to Eilien Officer				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE OF CHARLES OF CORPORATION

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#### **COVER LETTER**

Division of Corporations		
QUANTUM WELLNESS SOL	UTIONS L.I	L.C.
<del></del>	of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the	following:
TANIA M SHAW		
Name of Person		<del></del>
QUANTUM WELLNESS SOLUTIONS L.	L.C.	
Firm/Company		<del>-</del>
10122 STONEHENGE CIRCLE, APT 61	3	
Address	· · ·	<del></del>
BOYNTON BEACH, FL 33437		
City/State and Zip Code		_
shawtania07@gmail.com		
E-mail address: (to be used for future annua	l report notifi	ication)
For further information concerning this matter, p	lease call:	
TANIA M SHAW	954	347-5110

#### STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### MAILING ADDRESS:

Area Code & Daytime Telephone Number

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

. Na	ime of the limited liability company:		SS SOLUTIONS L.L.C.
(a)	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)
	09-06-2018	- - L	L18000212317
i.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.	
	Registered Agent and Registered Office shown on the records of th		Dept. of State;
	13302 WINDING OAK COURT, TAMPA, FL	33612	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	19 OCT
	13302 WINDING OAK COURT,		
	TAMPA .FL3	33612	28 SECTION 1
(b)	TANIA M SHAW  Enter name of NEW Registered Agent and/or NEW Registered C  10122 STONEHENGE CIRCLE, APT 613, BO  NEW Registered Office Address:		
	10122 STONEHENGE CIRCLE, APT 613,		
	BOYNTON BEACH, FL 3	33437	
he cha igent v was/w	imited liability company is not organized under the law- ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility con the limi imited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
\ o:	1 Maw	TAN	NIA M SHAW
•	here of a member or authorized representative of a member		Printed or typed name of signee
provisi he obi o mer	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change.	performa	ance of my duties, and I am familiar with and accep

Signature of Registered Agent