

L23000319921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

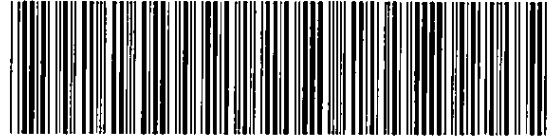
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100417272301

LC
RA & CO change

10/20/23--01003--015 **25.00

FILED
2023 OCT 20 PM 12:03
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT 20 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2023

A RAMSEY

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLCS QUONTIC LLC

Please Debit FCA000000003 For: CHECK

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLC QUONTIC 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:

SARAH ENCINAS

Name of Person

FILEJET INC

Firm/Company

10440 PIONEER BLVD SUITE 8
Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTERDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

SARAH ENCINAS at (949) 259-5955

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: FLC QUONTIC LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4755 TECHNOLOGY WAY, STE 104

BOCA RATON, FL 33431

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4755 TECHNOLOGY WAY, STE 104

BOCA RATON, FL 33431

07/05/2023

L23000319921

3. Date of filing/registration in Florida 4. Document number

5. (a) HARRIS S. HOWARD

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4755 TECHNOLOGY WAY, STE 104

BOCA RATON, FL 33431

(b) _____

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

FILEJET INC.

NEW Registered Office Address:

625 E. TWIGGS ST., STE 100

TAMPA, FL 33602-3931

FILED
2023 OCT 20 PM 12 03
CLERK OF COURT
H. ROBERT F. BROWN
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN 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.

/s/ WILLIAM J. BYMEL

WILLIAM J. BYMEL

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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

FILING FEE: \$25.00