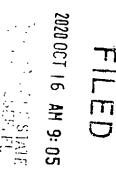
## P01000058837

(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					

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CCT 21 mil



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/16/2020	
	Merritt Walker	
	1264015	
		QUANTUM LAKES, INC.
☐ Article	es of Incorporation/Authoriz	ration to Transact Business
Amen	dment	
✓ Chang	ge of Agent	
☐ Reins	tatement	PLEASE RETAIN THE ORIGINAL
☐ Conve	ersion	DATE OF SUBMISSION, 10/16/2020
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: <b>\$35</b>	
Signature:		

F: 800.944.6607

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Flor ution organized under the laws of the State we or registered agent, or both, in the State	of Florida	<del></del>
1. The name of t	the corporation: VILLAS A	T QUANTUM LAKES, INC.	. •	
2. The principal	office address: No Change	?		
3. The mailing a	ddress (if different):		<del></del>	
4. Date of incorp	poration/qualification: 6/12/2	2001 Document number: <u>P01</u>	000058837	
	I street address of the current in the timent of State: (If resigned, ending the current of State) and the current in the current of the curr	registered agent and registered office on fil nter resigned)	le with the	
	National R	egistered Agents Inc		
	1200 Sout	th Pine Island Road	202	
	Planta	tion, FL 33324	2020 OCT	77
6. The name and street address of the new registered agent (i (if changed):		istered agent (if changed) and /or registere	d office	
	COGENCY GLO	BAL INC.		ئر_ا
	115 North Calho		一 で点 <b>05</b> 一	
	Tallahassee, FL	PO Box NOT acceptable 32301		
The street addre	ess of its registered office and be identical.	the street address of the business office	of its registered age	nt.
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of directors or by as been notified in writing of the change.	an officer so	
/s/ Natalia Ostensen		Natalia Ostensen	Secretary	_
I hereby accept I further agree i performance of agent. Or, if the	to comply with the provisions my duties, and I am familiar is document is being filed met	Printed or typed name as d agent and agree to act in this capacity, of all statutes relative to the proper and with and accept the obligation of my post rely to reflect a change in the registered of a notified in writing of this change.	complete ition as registered	
/s/ Tim Mayville		10/15/2020		_
	nature of Registered Agent	Date		
n argumg on oc	half of an entity:			

Tim Mayville, Assistant Secretary

Typed or Printed Name