## P0500001145

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ći	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne) .
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

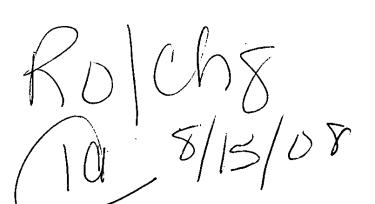
Office Use Only



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08/11/08--01039--013 \*\*35.00

OS AUG I I AMII: 28



## **COVER LETTER**

	on of Corporations
UBJECT:	OUGNTUM COMMENCEGY INC.
	(Name of Corporation)
OCUMENT	NUMBER: 20500071745
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
ease return a	all correspondence concerning this matter to the following:
	Nany JONE
	(Name of Contact Person)
	OVANTUM COMMENCIAL, INC.
	110 NH 11 +4 ST. (Address)
	DELNAY BRACH FL 33444 (City/State and Zip Code)
For further inf	formation concerning this matter, please call:
	(Name of Contact Person) at (58/) 523-0374/ (Area Code & Daytime Telephone
	(Name of Contact Person) (Area Code & Daytime Telephone

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: Amendment Section **Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

July 28, 2008

SUSIE D'LEON D'LEON ENTERPRISES 11201 SW 55TH STREET #148 HOLLYWOOD, FL 33025

SUBJECT: IT'S TIME FOR PARTY.INC

Ref. Number: P02000116194

We have received your document for IT'S TIME FOR PARTY.INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson

Document Specialist Supervisor Letter Number: 108A00043441

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS 7. LIST ENTER SELECTION AND CR:

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617, nge is submitted for a corporation organized under the laws r to change its registered office or registered agent, or both,	of the State of _FL
	he corporation: QUANTUM COMMENC	
	office address: 10 Nh 11th A	
DELpa	by Brucy, FL 33444	
	ddress (if different):	
4. Date of incorp	oration/qualification: 5/16/2005 Document nu	mber: <u>Po5000071745</u>
5. The name and Florida Depart	street address of the current registered agent and registered climent of State:	office on file with the
	NOWH OR VONE	
	200 NE 2nd AVE #301	
ے	DELARY BEACE FL 33444	
(if changed):	Street address of the new registered agent (if changed) and /c	or registered office
	110 Nh 11th 5th. (P.O. Box NOF acceptable)	
	DELLARY BEACH, FL 33494	ANII:
	ss of its registered office and the street address of the busit be identical.	~ ~ 5°°
Such change was authorized by the	s authorized by resolution duly adopted by its board of dir e board, of the corporation has been notified in writing of	rectors or by an officer so the change.
(Signatur	re of a confer or director) / O My C	R Toms Ours
hereby accept to further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this occumply with the provisions of all statutes relative to the plant of am familiar with and accept the obligation of my positing filed merely to reflect a change in the registered office object notified in writing of this change.	is capacity proper and complete performance on as registered agent. Or, if this address, I hereby confirm that the
/,/		
Kur	nature of Registered Agent)	(Date)
f signing on bef		

\* \* \* FILING FEE: \$35.00 \* \* \*