## P1000015642

(Requestor's Name)
(Address).
(Address).
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
,
(Document Number)
•
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
Corrected document by sulphon caus
h. 14\101 0 (A1A
og Fagin na cour
TR 6-19-10
•



800182095618

06/17/10--01032--017 \*\*70.00

RA Kozh

10 JUN 17 PM 2: 27

Office Use Only

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations :
SUBJECT: Quantum Associates Iac Name of Corporation
DOCUMENT NUMBER: P10000015641
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Quantum Associates, Inc.
4400 PGA DIJ # 900 , Address
Polm Aruch Cardens, FC 33410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 307-1900  Area Code & Daytime Telephone Number
Manie of Contact reison Area Code & Daytine Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: Quantum Associates Iac.
2. The principal office address: 4400 PCA Blod # 960  Palm Beach Gardens, FL 33410
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/19/16 Document number: P10000015642
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Spicgel + Utrera, f. A  1740 SW J2nd St. Yth Floor  Liany Florida Street address of the new registered agent (if changed) and /or registered office (if changed):
Palm Beach Gardens, Fl 33410
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  Signature of an officer of director director director or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in whiting of this change.
Signature of Registrated Agent Date
If signing on behalf of an entity:
Donald Potabr Typed or Printed Name

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