## P99000101273

(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



200249825462

RA address

09/30/13--01035--006 \*\*35.00

FILED 2013 SEP 30 AM 8: 47
SECHIONNI OF STATE TALLAHASSEE, FLORIDA

0/9/13

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Quorum Real Estate, Inc.

Name of Corporation
P99000101273

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:

Alvaro L. Mejer

Name of Contact Person

Mejer Law, P.A.

Firm/Company

201 Alhambra Cr Suite 504

Address

Coral Gables,FL. 33134

City/State and Zip Code

amejer@mejerlaw.com

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

For further information concerning this matter, please call:

Alvaro L. Mejer

Name of Contact Person

at (305) 444-3355

Area Code & Daytime Telephone Number

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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Quorum Real Estate, Inc.	
2. The principal	al office address: 12300 South Shore Blvd Suite 200 Iton, FL 33414	
3. The mailing a	address (if different):	
4. Date of incor	exporation/qualification: 11/18/1999 Document number: P99000101273	
	and street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Alvaro L. Mejer	
	2222 Ponce de leon Blvd PH	<b>-</b> n
	Coral Gables, FL 33134	FILED
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	Alvaro L. Mejer	
	201 Alhambra Cr Suite 504	
	P.O. Box NOT acceptable Coral Gables, FL 33134	
as changed will		
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Cery Signatu	ure of an officer or director Printed or typed name and Hile	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I what the corporation has been notified in writing of this change.	
(l) Sign	gnature of Registered Agent Date	
_	chalf of an entity:	
Ту	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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