654386

(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



600187016356



11/02/10--01001--009 **35.00

DSPALLING NOW TATE DIVISION OF CURPUPATION TALLIAMASSEE, FLORIDA

RECEIVED

FILED
2010 NOV -1 PM 14 01
SECRETARY OF STATE

HOR 11/2/10 この 日本

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: QUINCY COF	RPORATION			
Name of	Corporation			
DOCUMENT NUMBER:	654386			
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	ter to the following:			
	S. WAUGH			
Name of C	ontact Person			
	& McMULLEN			
Firm/C	Company			
123 SOUTH CA	ALHOUN STREET			
Address				
TALLAHASS	SEE, FL 32301			
City/State and Zip Code				
	avalar, a are			
ewaugh@ausley.com E-mail address: (to be used for future annual report notification)				
E man address. (to be used for	rature annual report notification)			
For further information concerning this matter, please	call:			
EMILY S. WAUGH	850 . 425 5420			
Name of Contact Person	at (850) 425-5428 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.			
Mailing Address: Amendment Section	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of ch	hange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Flo cation organized under the laws of the Stat ice or registered agent, or both, in the Stat	te of FLORIDA
	fthe corporation: QUINCY		·
	al office address: 190 MANN		
	QUINCY, I		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 01	1/31/1980 Document number:	654386
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on finter resigned)	
	DONALD A. SMITH		15 201
	190 MANNIE GUNN R	ROAD	LLLAN
	QUINCY, FL 32351		553 L
6. The name an (if changed):	_	istered agent (if changed) and /or registere	2010 NOV -1 PH LETA SECRETARY OF STA
	EMILY S. WAUGH		
	123 SOUTH CALHOU		
	TALLAHASSEE, FL 32	P.O. Box NOT acceptable	
The street addr as changed wil	ress of its registered office and If be identical.	d the street address of the business office	e of its registered agent.
Such change wanthorized by t	vas authorized by resolution d the board, or the corporation h	uly adopted by its board of directors or the chang	by an officer so e,
Home	1 Smt	DONALD A. SMI	TH, Treasurer
I hereby accep I further agree of my duties, a document is be corpopation ha	of the appointment as registere to comply with the provisions and I am familiar with and actions lied merely to reflect a clus boan notified in writing of the control of t	ed agent and agree to act in this capacity s of all statutes relative to the proper am ept the obligation of my position as regi hange in the registered office address, I his change	
my	W	11-1-2010	
EMILY S. W		Date	
٠	ehalf of an entity:		
Emily 5	Typed or Printed Name	-	
		ME ANY COLOR WAS NO THE	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)