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SECTION STATE OF

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2006

MATTHEW FALCONER 4201 VINELAND RD., SUITE I-14 ORLANDO, FL 32811

SUBJECT: OCOEE EQUITIES, LLC

Ref. Number: L02000011463

We have received your document for OCOEE EQUITIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00004280

· COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ocoee Equities LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	· • • • • • • • • • • • • • • • • • • •	
Matthew Falconer		
(Name of Person)		
Ocoee Equities LLC	12-0 M11:00	
(Firm/Company)		
4201 Vineland Rd. Ste. I-14		
(Address)		
Orlando, FL 32811		
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
Jennifer Hudson	at (407) 650-9100	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability comp	oany is: OCOEE EQUITIES, LLC
•	bility company is : 4201 VINELAND RD. STE I-14
ORLANDO, FL 32811	
4/26/05	L05000011463
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	he registered office address as shown on the records of the
Matthew Fa	
440017	Name
4403 Vineia	nd Rd. Ste. B15
Orlando, FL	Address
Offando, FL	City State and Zin
6. The name and address of the new regis	
Matthew Fa	lconer 8
4201 Vinelar	Name nd Rd. Ste. I-14
Florida street	address (P.O. Box NOT acceptable)
Orlando,_	FL 32811
-	City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed	anized under the laws of the State of Florida, it is hereby as are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote empany or as otherwise provided in the articles of organization liability company.
(Signature of a member or authorized representative of	f a member)
Matthew Falconer	
(Printed or typed name of signee)	
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the obl Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
(Signature of Registered Agent)	
•	ons, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00