## 2000016314

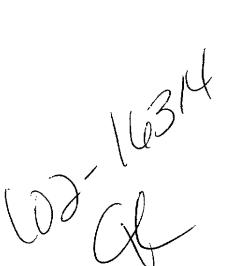
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Quincy Equities LLC (Name of I	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)	<del></del>	
Quincy Equities LLC (Firm/Company)		
4201 Vineland Rd. Ste. I-14		
(Address)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Orlando, FL 32811		
(City/State and Zip Code)	2.	
For further information concerning this matt	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 following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



January 20, 2006

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

SUBJECT: QUINCY EQUITIES, LLC Ref. Number: L02000016314

We have received your document for QUINCY 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: 506A00004281

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

Pursuant to the provisions of sections 608 liability company submits the following statement, or both, in the State of Florida.	8.416 or 608.508, Florida Statutes, that at the state of	e undersigned limited ed office or registered	
1. The name of the limited liability compan	ny is: QUINCY EQUITIES, LLC	·	
2. The mailing address of the limited liabili	ity company is : 4201 VINELAND RD	. STE I-14	
ORLANDO, FL 32811		·	
4/26/05	L05000016314		
3. Date of filing/registration in Florida 4. Document number			
5. The name of the registered agent and the Florida Department of State:	_	ne records of the	
Matthew Falc			
4403 Vineland	Name 1 Rd Ste B15		
4403 Vineland Rd. Ste. B15 Address			
Orlando, FL 32			
	City, State and Zip	17.00	
6. The name and address of the new register	red agent and/or office:		
Matthew Falco	oner	B111-05	
	Name	G 45	
4201 Vineland Rd. Ste. I-14			
Florida street ad	idress (P.O. Box NOT acceptable)		
Orlando,	FL 32811		
Ci	ity, State and Zip		
If the limited liability company is not organ confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that of the members of the limited liability comport the operating agreement of the limited liability.	are made, the Florida street address of the twill be identical. Or, in the case of a lat the change(s) was/were authorized by many or as otherwise provided in the art	he registered office  Florida limited	
(Signature of a member or authorized representative of a	member)		
Matthew Falconer (Printed or typed name of signee)			
I hereby accept the appointment as register comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be address. I hereby confirm that the limited li	red agent and agree to act in this capac elative to the proper and complete perfo ations of my position as registered agen eing filed to merely reflect a change in i iability company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
(Signature of Registered Agent)			
<u>-</u>	ns, P.O. Box 6327, Tallahassee, FL  32 ILING FEE: \$25.00	314	