

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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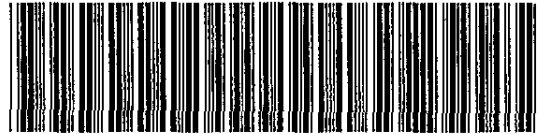
(Business Entity Name)

(Document Number)

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7-10-68 RHP:53

WB-35253
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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: ST. CLOUD EQUITIES, LLC
Ref. Number: L03000035253

We have received your document for ST. CLOUD 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: 106A00004281

RECEIVED
DIVISION OF CORPORATIONS
JAN 24 2006
11:10:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Cloud Equities LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Falconer
(Name of Person)

St. Cloud Equities LLC
(Firm/Company)

4201 Vineland Rd. Ste. I-14
(Address)

Orlando, FL 32811
(City/State and Zip Code)

For further information concerning this matter, 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 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 company is: ST. CLOUD EQUITIES, LLC
2. The mailing address of the limited liability company is : 4201 VINELAND RD. STE I-14
ORLANDO, FL 32811

4/26/05
3. Date of filing/registration in Florida

L05000035253
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Matthew Falconer
Name
4403 Vineland Rd. Ste. B15
Address
Orlando, FL 32811
City, State and Zip

6. The name and address of the new registered agent and/or office:

Matthew Falconer
Name
4201 Vineland Rd. Ste. I-14
Florida street address (P.O. Box **NOT** acceptable)
Orlando, FL 32811
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Matthew Falconer
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00