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(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE TALLAMASSEE, FLORIDA

FEB 1 7 2015 T. CARTER

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations	Division of Corporations				
SUBJECT: Quincy Soil 14	<u></u>				
Name	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
ALVARO GAMBOA Name of Person					
Quintey Soil LLC Firm/Company					
190 MANNIE BUNN RO) 24 D				
Quincy FZ 323. City/State and Zip Code	<u>51 us</u>				
A CAMBOA C. CAMBOA BLOS E-mail address: (to be used for future annu	Lom ual report notification)				
For further information concerning this matter, please call:					
ALVARO GAMBOA	at (610) 476 - 8316 Area Code & Daytime Telephone Number				
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				



December 15, 2014

ALVARO GAMSOA QUINCY SOIL LLC 190 MANNIE GUNN ROAD QUINCY, FL 32351 US

SUBJECT: QUINCY SOIL LLC Ref. Number: L14000040351

We have received your document for QUINCY SOIL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 814A00026449

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

I. Na	nne of the limited liability company:	y Soil,	140		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Quincy, FL 3235	<u>/</u>			
3.	MaRed 11, 2014 Date of filing/registration in Florida		21400004035	/	
<i>5.</i> (<i>a</i>)	Registered Office Address Registered Office Address ANE Registered Office Address (MUST BE FLORIDA STREET)				
,	TALLAHASSEE, ALVARO GAMBOA			SECRETAR TALLAHAS	
(b)	ALVARO GAMBOA Enter name of NEW Registered Agent and/or NEW Registered	red Office address	 :	PM SEE DEP	
	190 MANNIE GUNN ROAD			ED OF STATE TE. FLORIC	
	NEW Registered Office Address:			A'''	
	Quincy.	FL <u>3235</u>	57		
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the street and the control of the street and the control of the operating agreement of the control of	of the registere I liability compars of the limited	d office and the business offi iny, it is hereby confirmed th liability company or as other	ce of the registered at the change(s)	
Signa	ture of a member or authorized representative of a member	ALXA	Printed or typed name of	SING MEMBER	
I here	by accept the appointment as registered agent and o	agree to act in t	his capacity. I further agree,	to comply with the	

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 605, 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 of Registered Agent