199000007380

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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January 20, 2006

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

SUBJECT: HC EQUITIES, LLC Ref. Number: L99000007380

We have received your document for HC 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: 806A00004279

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HC Equities LLC (Name of	f 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 concernin	ng this matter to the following:	
1	C C	
Matthew Falconer		
(Name of Person)		
110 Favilian III C		
HC Equities LLC (Firm/Company)		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
4201 Vineland Rd. Ste. I-14		
(Address)	Company of the compan	
Orlando, FL 32811		
(City/State and Zip Code)		
For further information concerning this ma	itter, 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	<u>-</u>	
Enclosed is a check for the follow	ving 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.

agent, or both, in the St	ate of Florida.			
1. The name of the lim	ited liability comp	pany is: HC EQUIT	ΓΙΕS, LLC	<u></u>
2. The mailing address	of the limited liab	oility company is:	4201 VINELAND	RD. STE I-14
ORLANDO, FL 3281	1			
4/26/05			L05000007380	
3. Date of filing/registration in Florida		<u></u>	4. Document number	
The name of the regine Florida Department of the control o		ne registered office	address as shown o	on the records of the
r iorida Deparament C	Matthew Fa	alconer		
	**	Name		
	4403 Vinelar	nd Rd. Ste. B15	<u>; </u>	
		Address		
	Orlando, FL	32811	·	
		City, State and Z	•	
6. The name and addres	s of the new regist	tered agent and/or	office:	
	Matthew Fal	lconer		TANAMAN MO: 59
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name		b
	4201 Vinelan	nd Rd. Ste. I-14		
	Florida street	address (P.O. Box	NOT acceptable)	
	Orlando,	FL 328	.11	
		City, State and Zip		
If the limited liability coconfirmed that after the and the business office liability company, it is lof the members of the or the operating agreem (Signature of a member or author)	change or change of the registered a nereby confirmed imited liability co- ent of the limited	s are made, the Flogent will be identice that the change(s) mpany or as other liability company.	orida street address o	lorida, it is hereby of the registered office of a Florida limited d by an affirmative vote articles of organization
Signature of a member of aun	iorized representative of	a member)		
Matthew Falconer				
(Printed or typed name of sign				
I hereby accept the app comply with the provist and I am familiar with a Chapter 608, F.S. Or a address, I hereby confir	pointment as regist ons of all statutes and accept the obl f this document is m that the limited	tered agent and ag relative to the prof igations of my pos being filed to mer liability company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		•	
Divis	•	ons, P.O. Box 632 FILING FEE: \$2:	7, Tallahassee, FL 5.00	32314

INHS18 (8/05)