

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5369

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN 24 AM 9:25

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

QUINCY PLACE ASSET HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	025
Estimated Charge	\$25.00

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\*RE-SUBMIT\*

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Electronic Filing Menu

Corporate Filing Menu

date of submission Jan. 24<sup>th</sup>

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quincy Place Asset Holdings, LLC.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Kertzner  
Name of Person

FDIC  
Firm/Company

8800 Baymeadows Way West  
Address

Jacksonville, FL 32256  
City/State and Zip Code

BAKertzner@fdic.gov  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Kertzner at ( 904 ) 256-3812  
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Quincy Place Asset Holdings, LLC
2. Jurisdiction of its organization: Articles of Organization
3. Date authorized to do business in Florida: 08/29/2012

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "LLC," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Barry Kertzner  
Typed or printed name of signer

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Barry Kertzner	FDIC 8800 Baymeadows Way West Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	James E. Davis	FDIC 8800 Baymeadows Way West Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gary Fry	FDIC 8800 Baymeadows Way West Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Assistant	Mary Jane Locke	FDIC 1601 Bryan St. 18th FL Dallas, TX 75201	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Assistant	Philip B. Sims	FDIC 1601 Bryan St. 18th FL Dallas, TX 75201	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Assistant	Wayne Green	FDIC 1601 Bryan St. 18th FL Dallas, TX 75201	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~GulfSouth Private Bank - 'REMOVE'~~

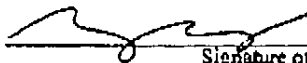
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 1/23, 2013



Signature of a member or authorized representative of a member

Barry Kertzner

Typed or printed name of signee

Page 2 of 2

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