Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H130001524503ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

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

From:

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

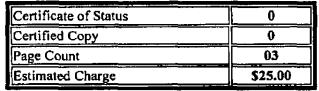
: (850)878-5368

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

Phone Fax Number

Email	Address:		 	

LLC REGISTERED AGENT CHANGE QUINCY PLACE ASSET HOLDINGS, LLC



K.SALY EXAMINER JUL - 9 2013

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

		•							
TO:	Registration Section Division of Corporations								
SUBJI	ECT:	QUINCY PLACE ASSET HOLDINGS, LLC							
		Name of Limited Liability Company							
Dear S	Sir or M	ladam:							
The er	nclosed	Registered Agent/Registered (Office Cha	nge ar	nd fec(s) are submitted for filing.				
Please	e return	all correspondence concerning	this matte	er to th	se following:				
Faith H	Hane								
•		Name of Person							
FDIC-	Division	of Resolution & Receiverships - EC	rso						
		· Pirm/Company							
8800 E	3aymead:	ows Way							
		Address							
Jackso	mville, Fl	L 32256							
		City/State and Zip Code			•				
fhane@	@fdic.gov	•							
E	mail add	ress: (to be used for future annual report	notification)						
For fu	ır ther in	formation concerning this mat	ter, please	call:					
Faith Hane		904 at (256-3758					
		Name of Person		Ai	es Code & Daytime Telephone Number				
	STRE	ET/COURIER ADDRESS:		MAI	LING ADDRESS:				
Registration Section Division of Corporations				Regis	tration Section				
		Division of Corporations							
Clifton Building				P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301				hassee, 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 liability company submits the following statement in or agent, or both, in the State of Florida.	3.508. Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: <u>QUINCY PLA</u>	
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	Jacksonville, FL 32256
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8800 Baymeadows Way West Jacksonville, FL 32256
08/29/2012	M12000004898
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	MEAD, MICHAEL W
Registered Office Address:	24 WALTER MARTIN ROAD N.E. FT. WALTON BEACH, FL 32548
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	C T Corporation System
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company Signature of amember or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited etc.) was/were authorized by an affirmative vote of twise provided in the articles of organization or
·	
Barry Kertzner, Manager Printed or typed name of signee	_
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp By: T Corporation System Michael Jones	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent Assistant Secretary	
Division of Corporations, P.O. Box FILING FEE	'

INHS18 (05/08)