

L 00000005899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03 FEB 24 PM 5:11  
TALLAHASSEE, FLORIDA

BK

LIMITED LIABILITY COMPANY  
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

608.415

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned <sup>LLC</sup>~~limited~~  
~~partnership~~ submits the following statement in order to change its registered office or registered agent,  
or both, in the state of Florida.

1. IECUBED, LLC  
Name of the ~~limited partnership~~  
LLC  
2. 5/23/00 Date of filing/registration in Florida 3. L00000005899 Document number assigned


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

Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301-2525  
City, State and Zip

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

K. Jane Mercer  
Name  
877 Executive Center Dr, W. Ste 100  
Florida street address (P.O. Box ~~not~~ acceptable)  
St. Petersburg FL 33702  
City, State and Zip

6. Such change(s) was/were authorized by the ~~general partners~~  
MEMBERS

  
Signature of General Partner

MEMBER

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the ~~limited partnership~~ has been notified in writing of this change.

LLC

/s/ K. JANE MERCER

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00