12000042776

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		E-Cubed me of Limited	Consultir d Liability C			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Regis	tered Office	Change and	fee(s) are submitted fo	or filing.	
Please	return all correspondence conc	erning this m	natter to the f	following:		
	George W. Tuck Name of Person	(er				
	E-Cubed Consulting Firm/Company	a LLC				
	709 Newell Hill I	₹d				
	Leesburg, FL 34 City/State and Zip Code				SECRE	2912 AUG
	hill tucker47@vaho	o com			TAS TAS	
E	bill.tucker47@yaho -mail address: (to be used for future annua	al report notificati	ion)		നട് നട	င်း (၁)
For fu	orther information concerning th	iis matter, ple	ease call:		F STATE	
	Bill Tucker	at (_	407)_	797-0190	, T-+ (4¢Fi
	Name of Person		Area	Code & Daytime Telephone	Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
	Enclosed is a check for the f	following am	ount:			
	\$25 Filing Fee		\$55 Fi	ling Fee & Certified (Сору	

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.

1. Name of the limited liability company:	E-Cubed Consulting LLC			
2. (a) Principal office address of limited liability com	pany: 709 Newell Hill Rd			
(Note: MUST BE STREET ADDRESS)	Leesburg, FL 34748			
(b) Mailing address of limited liability company:	709 Newell Hill Rd			
(Note: MAY BE POST OFFICE BOX)	Leesburg, FL 34748			
March 26, 2012	L12000042776			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	United States Corporation Agents Inc			
Registered Office Address:	13302 Winding Oak Ct A			
	Tampa, FL 33612			
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address			
NEW Registered Agent:	Go Figure Tax Solutions LC			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	414 W Main St, Ste 201 💥 & 🖟			
PAGES BET BOXIDIT STREET TIDDRESS	Leesburg FL 34748			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization			
Signature of a member or authorized representative of a member				
Therese A. Tucker Printed or typed name of signee	·			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00