

420000 79936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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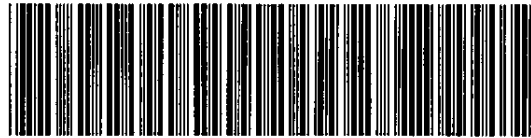
(Business Entity Name)

(Document Number)

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AND  
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14 JUL 28 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RAC*  
JUL 28 2015  
T. LEMIEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FDC Services LLC  
Name of Corporation

DOCUMENT NUMBER: 412000079934

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fredrick Cubbedge  
Name of Contact Person

FDC Services LLC  
Firm/Company

6014 SW 85th St  
Address

Gainesville FL 32608  
City/State and Zip Code

FDCServices@main@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fredrick Cubbedge at (352) 260-7696  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. 352-231-2479

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Diana*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2014

FREDRICK CUBBEDGE  
6014 SW 85 CT  
GAINESVILLE, FL 32608

SUBJECT: FDC SERVICE, LLC  
Ref. Number: L12000079936

We have received your document for FDC SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 714A00012491

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: FDC Service LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

6014 SW 85th St

Gainesville, FL 32608

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

6014 SW 85th St

Gainesville, FL 32608

L12000079936

3. Date of filing/registration in Florida

4. Document number

5. (a) 07/02/2014

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporation Service Company

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

1201 Hays Street

Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Fredrick Cubbedge

NEW Registered Office Address:

6014 SW 85th St

Gainesville, FL 32608

14 JUL 28 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APPROVED

AND

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Fredrick Cubbedge

Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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