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(Requestor's Name)	
(Address)	300370076863
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	07/19/2101011002 **25.00
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COVER LETTER

Division of Corporations	
SUBJECT: CUBICE	LLC
Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Unald Evaham Name of Person	
CUBICE LIC	_
370 Dovsey ave.	
Address City/State and Zip Code	<u>1</u> 35
E-mail address: (tolbe used for future annual report notific	cation)
For further information concerning this matter, please call:	
Name of Person at (850)	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

A	
1. Name of the limited liability company:	TCF UC
2. (a) 512 Dorsey ave.	370 Dorsey ave
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
512 Dovsellave	370 Dorsey are
Definial Song W30186	De Kinisk Spines Kless
TEATH TOR PRINTS	Continue prints 1724
4m1 15,2021	L21000 10500
Date of filing/registration in Florida 4.	Document number
5. (a) Dorsel Braham, Marc	iser
Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS	
104 your ave	-
Dokiniak SXS II 3	1122
The state of the s	202
(b) Umald Coraham Old	ner E
Enter name of NEW Registered Agent and/or NEW Registered Office ad	Gress:
Umala L Griram	
NEW Registered Office Address:	
310 E. Dorsey ave	24
Dekiniak Connes = 30	0435
The state of the s	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the registered	ed office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability cowas/were authorized by an affirmative vote of the members of the lim	ited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited 1	lability company:
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performs	ince of my duties, and I am Jamiliar with and accept
the obligations of my position as registered agent as provided for in C to merely reflect a change in the registered office address. I hereby of	Chapter 605, F.S. Or, if this document is being filed on firm that the limited liability company has been
northing of this change.	
Signature of Registered Agent	