M13000001346

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T. HAMPTON

COVER LETTER

TO: **Registration Section** Division of Corporations Technical Analysis Solutions FX, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Pardue Name of Person Rogers Towers, P.A. Firm/Company 1301 Riverplace Boulevard, Suite 1500 Address Jacksonville, Florida 32207 City/State and Zip Code apardue@rtlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Pardue Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee



Adam Pardue

1301 Riverplace Boulevard • Suite 1500 Jacksonville, Florida 32207

904 . 346 . 5743 APardue@rtlaw.com 904 . 398 . 3911 Main 904 . 396 . 0663 Fax www.rtlaw.com

December 17, 2013

Via Federal Express
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TECHNICAL ANALYSIS SOLUTIONS FX, LLC Document Number M13000001346

To Whom It May Concern:

Enclosed please find the following:

- 1. The Cover Letter and Statement of Change of Registered Agent for a Limited Liability Company for TECHNICAL ANALYSIS SOLUTIONS FX, LLC, a Florida limited liability company, Document Number M13000001346
- 2. A firm check in the amount of \$25.00 representing your filing fee for change of Registered Agent.

Please contact me at (904) 346-5743 if you should have any questions. Thank you for your assistance in this matter.

Sincerely,

Adam Pardue

Enclosures

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	of the limited liability company: Technical Analysis Solutions FX, LLC				
				<u> </u>	
2. (a) Principal office address of	f limited liability com	pany: 7807 Baymeadows Road East	1> žű	9	
(Note: MUST BE STR.	<u>EET ADDRESS</u>)	Suite 202		_6_	
		Jacksonville, Florida 32256	UN 3.5	-	
	11.11.	TOOL Days and the Bread Free	Ëζ	ω	7
(b) Mailing address of limite	d hability company:	7807 Baymeadows Road East Suite 202	7	3	
(Note: MAY BE POST	OFFICE BUX)	Jacksonville, Florida 32256	— (□ 37	-	_ [::
		000000000000000000000000000000000000000	2020 C		
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3/01/2013	· · · · · · · · · · · · · · · · · · ·	M13000001346		:	
3. Date of filing/registration in I	rlorida	4. Document number			
5. (a) Registered Agent and Re	egistered Office shown	on the records of the Florida	Dept. of St	ate:	
Registered Agent:		David John LeDuke			
Desired DESign Address		10151 December 2nd Blad Okla 20	^		
Registered Office Addres	SS:	10151 Degrwood Park Blvd., Bldg 200 Ste 250	 _		
•		Jacksonville, FL 32256			
(b) Enter name of <u>NEW Reg</u> NEW Registered Agent:	<u>ristered Agent</u> and/or	NEW Registered Office add David John LeDuke	<u>ress</u> : 		
	A 11	7007 0			
NEW Registered Office (MUST BE FLORIDA)	Address: Croeer Annbecci	7807 Baymeadows Roed East Suite 202			
IMUSI BEIFLURIDA I	IKEEI ADDKESS)	Jacksonville	,FL 3:	2256	
.			,		
If the limited liability company is confirmed that after the change and the business office of the regliability company, it is hereby company, it is hereby company to the members of the limited liability company agreement of the limited liability company.	or changes are made, the changes are made, the changes are changed that the changes of the company or as other company or as other changes.	he Florida street address of the dentical. Or, in the case of a lige(s) was/were authorized by a crwise provided in the articles	e registered Florida lim an affirmat	l office ited ive vot	e of
Signature of a member or authorized repre-	sentative of a member				
i		•			
David John LeDuke					
Printed or typed name of signee					
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that the	t as registered agent a l statules relative to th pt the obligations of m cument is being filed t ne limited liability com	and agree to act in this capacit te proper and complete perfori ty position as registered agent o merely reflect a change in th apany has been notified in writ	y. I furthe nance of n as provide le régistere ling of this	r agree ny dutie ed for i ed offic change	? to ?S, n e e.
Signature of Registered Agent					

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

INHS18 (05/08)