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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	ALL AND SANGE
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:\_

R-CUBED CORP.

Name of Corporation

## DOCUMENT NUMBER:

## P04000149463

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:

ROBERT C. BROWN III
Name of Contact Person

Name of Contact Person

R-CUBED CORP.

Firm/Company

5111-8 BAYMEADOWS RD Address

JACKSONVILLE, FL 32217 City/State and Zip Code

DALLAS9284@YAHOO.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 ROBERT C. BROWN III
 at ( 904 )
 737-1193

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida,

1. The name of the corporation: R-CUBED CORP.

2. The principal office address: 5111-8 BAYMEADOWS RD., JACKSONVILLE, FL 32217

3. The mailing address (if different):

4. Date of incorporation/qualification:	11/01/04	Document number:	P04000149463
$\neg$ . Date of methodologiantication.	1 1/0 1/04	DOCUMENT NUMOET	

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	DAVID KATIBAH	<b>N</b> ew	~	
	5111-8 BAYMEADOWS RD.		2811 J	
	JACKSONVILLE, FL 32217		I MUL	منی <sup>روسته</sup> را آن رویدهمانند رویدهمانند
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		15 AM	i m
	Caplan Law Firm, P.A.	Dia Chino	9: 16	C
	Lealed-C Dupont Station Court P.O. Box NOT acceptable		-	
	Jacksonville, FL 32217			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

or director

ROBERT C. BROWN III/PRESIDENT Printed or typed name and title

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 obligation 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 corporation has been notified in writing of this change.

If signing on behalf of an entity:

Howard A. Carlen Tres

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314