

P13000007652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

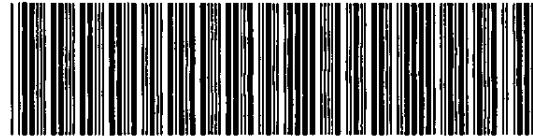
(Business Entity Name)

(Document Number)

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13 MAY - 9 PM 3:31

RA Change

FEI UPDATE

5-9-13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2013

NANCY DEL CAMPO
INSURANCE CUBE INC.
14850 S.W. 26TH STREET, #214
MIAMI, FL 33185

SUBJECT: INSURANCE CUBE INC.
Ref. Number: P13000007652

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

IS THE ATTACHED REGISTERED AGENT CHANGE FORM CHANGING ONLY THE PRINCIPAL OFFICE ADDRESS OF THE CORPORATION OR IS IT ALSO CHANGING THE ADDRESS OF THE REGISTERED AGENT FORM 2011 SW 143 CT., MIAMI, FL 33175 TO 14850 SW 26TH STREET, STE. 214, MIAMI, FL 33185??????

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 713A00007642

Insurance Cube, Inc.
14850 SW 26th Street, #214
Miami, Florida 33185

Attn: Ms. Darlene Connell
Regulatory Specialist II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Insurance Cube, Inc.
Ref. Number: P13000007652

Dear Darlene,


I am in receipt of your letter dated April 2, 2013, wherein clarification is needed in reference to my change of address request.

The only address changing is the physical location of my office, from the old address of 14471 SW 42 Street, Miami FL 33175 to our new address:

14850 SW 26th Street, #214
Miami, Florida 33185

I apologize for this misunderstanding, please feel free to contact me should you need anything further.

Sincerely,


Nancy del Campo
nancy@insurancecube.net
302-322-7464

RECEIVED
13 MAY -9 AM 8:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Cube, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000 00 7452

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:

Nancy del Campo
Name of Contact Person

Insurance Cube, Inc.
Firm/Company

14850 SW 26 St., Ste 214
Address

Miami, FL 33185
City/State and Zip Code

nancy@insurancecube.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy del Campo at (305) 322-7464
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

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: Insurance Cube Inc.
2. The principal office address: 14850 SW 26 Street, Ste 214
Miami, FL 33185
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/23/13 Document number: 13000007652

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) EIN: 38-3897256

2011 SW 143 CT
Miami, FL 33175

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

14850 SW 26 Street, Ste 214
Miami, FL 33185

P.O. Box NOT acceptable

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.

Nancy del Campo
Signature of an officer or director

Nancy del Campo, President/owner
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.

Nancy del Campo
Signature of Registered Agent

3/18/13
Date

If signing on behalf of an entity:

Nancy del Campo
Typed or Printed Name

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