

L10000110298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

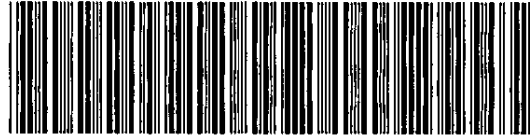
(Document Number)

Certified Copies _____ Certificates of Status _____

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Wrong form

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 29 P 3:16

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TALLAHASSEE, FLORIDA

15 OCT 16 PM 2:11

RECEIVED

OCT 30 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2015

TIMOTHY D KORNACKI
271 WILLOW WINDS PARKWAY
SAINT JOHNS, FL 32259-7267

SUBJECT: IKCANROK ENTERPRISES LLC
Ref. Number: L10000110298

We have received your document for IKCANROK ENTERPRISES 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):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00021998

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IKCANROK Enterprises, 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:

Timothy D. Kornacki
Name of Person

IKCANROK Enterprises, LLC
Firm/Company

271 Willow Winds Pkwy
Address

Saint Johns, Florida, 32259-7267
City/State and Zip Code

tdkornacki@ikcanrok.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy D. Kornacki at (904) 673-0011
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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: IKCANROK Enterprises, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

271 Willow Winds Pkwy 450-106 State Road 13 North, # 178
Saint Johns, Florida 32259-7267 Saint Johns, Florida 32259-3863

10/22/2010 L10000110298

3. Date of filing/registration in Florida 4. Document number

5. (a) Timothy D. Kornacki
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2612 Pecan Place
Saint Johns, FL 32259-4555

(b) Timothy D. Kornacki
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
271 Willow Winds Pkwy
Saint Johns, FL 32259-7267

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TALLAHASSEE, FLORIDA

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] Timothy D. Kornacki
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 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]
Signature of Registered Agent