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SECRETARY OF STATE

D. BRUCE

JUN 15 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	
	ICE MANAGEMENT & TECHNOLOGY LLC
Name of Limited	Liability Company
Dear Sir or Madam:	
Dear Sir of Madain.	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	-
Christopher Anderson	
Name of Person	
2 Firm/Company	
	09 A⊟
200 Old County Circle, Ste 309	
Address	O9 JUN 12 SECRETARY ALLAHASSE
:	SEX 2
Windsor Locks, CT 06096	AM IO: 26 OF STATE E. FLORID
City/State and Zip Code	
ί,	26 P
shadowservices@optonline.net	B
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, plea	se call:
Chuistachan Andoneon	260 700-1306
Christopher Anderson at (S	Area Code & Daytime Telephone Number
Traine of Ferral	• •
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Talianassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$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 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered  ITIES MAINTENANCE MANAGEMENT	
Name of the limited liability company: & TECHNOLOGY LLC		
2. (a) Principal office address of limited liability compar	ny:	
(Note: MUST BE STREET ADDRESS)	7025 County Road 46A, Ste 1071-367 Lake Mary, FL 32746	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	200 Old County Circle, Ste 309 Windsor Locks, CT 06096	
06/05/2009  3. Date of filing/registration in Florida	<u> </u>	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Christopher Anderson	
Registered Office Address:	7025 County Road 46A, ste 1071-367 Lake Mary, FL 32746	
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	
NEW Registered Agent:	DOHN A. PRICE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	151 LOOKOUT SLACE SUITE 200, MAIT LAND, FL 32751	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company), it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I hereby confirm that the limited liability company.	Florida street address of the redistered ffice ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.  SEC OF STATE  A TORRES  A	
Signature of Registered Ment JOHN A. PRICE	ny nas veen noupea in writing of this change.	

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