I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON BARNES

Electronic Signature of Signing Officer/Director Detail

Entity Name: ICP INFORMATION NEWSLETTER, INC.

Current Principal Place of Business:

18241 BEAUTY BERRY CT. LEHIGH ACRES, FL 33972-7525

Current Mailing Address:

P.O. BOX 666 HADLEY, MA 01035-0666 US

FEI Number: 04-3361420

Name and Address of Current Registered Agent:

BARNES, RAMON M 18241 BEAUTY BERRY CT LEHIGH ACRES, FL 33972-7525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Dire

Title	СР	Title	ST
Name	BARNES, DOROTHY S	Name	BARNES, RAMON M
Address	121 MT. WARNER ROAD	Address	121 MT. WARNER ROAD
City-State-Zip:	HADLEY MA 01035-9596	City-State-Zip:	HADLEY MA 01035-9596

	Lieutonic Signature of Registered Agent				
ector Detail :					
	CP	Title	ST		
	BARNES, DOROTHY S	Name	BARNES, RAMON M		
	121 MT. WARNER ROAD	Address	121 MT. WARNER ROAD		

TREASURER

01/28/2024

FILED Jan 28, 2024 Secretary of State 6132335547CC

Certificate of Status Desired: No

Date

Date