F110003139

Office Use Only



000259949140

05/12/14--01035--004 **35.00

14 MAY 12 M 9:36
SCUR FANCE FORDA

MAY 22 2014

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese kboese@cscinfo.com

Date: May 8, 2014

Order#: 115081-015

Re: IDCON, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Katie Boese c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

• «STÆTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida of organized under the laws of the State of pregistered agent, or both, in the State of 1	Delaware	
1. The name of	the corporation: IDCON, INC.			
	office address: 8081 Arco Corpora	te Drive, Suite 320		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/08/2011	Document number: F110000	003639	
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file wesigned)	ith the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office.				
	Corporation Service Company		유 · · · · · · · · · · · · · · · · · · ·	
1201 Hays Street				
	P.O. Bo Tallahassee	x NOT acceptable FL 32301		
The street addre	ess of its registered office and the s	treet address of the business office of its	s registered agent,	
as changed will Such change wa authorized by th		opted by its board of directors or by an endentified in writing of the change.	officer so	
026		Dona Priebe	Vice President	
Signature of an officer or director Printed or typed name and title				
I further agree is performance of agent. Or, if this hereby confirm	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and com and accept the obligation of my position o reflect a change in the registered offic fied in writing of this change.	as registered	
Jehn Greppet 05/08/2014 Disignature of Registered Agent Date				
U Signature of Registered Agent Date				
If signing on behalf of an entity:				
Sylvia Queppet, Asst. Vp				
Typed or Printed Name				

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

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