K51953

(Re	equestor's Name)					
(Ad	ddress)	, <u> </u>				
(Ad	ddress)					
(Ci	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bı	usiness Entity Nar	пе)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

RARCICHS (10 4.13.11

COVER LETTER

SUBJECT:	IECT: Innovative Concept Group, Inc. Name of Corporation						
DOCUMENT	CNT NUMBER: K51953						
The enclosed S	Statement of Ch	ange of Registered Off	ice/Agent a	nd fee are submitted for filing.			
Please return a	ll corresponder	ace concerning this matt	ter to the fo	llowing:			
	Wendy	•					
		Name of C	Contact Pers	on			
	InCorp Services, Inc. Firm/Company						
		1 11111/	Company				
		2360 Corporate	Circle · S	Suite 400			
			dress	salte 400			
		Henderson, I	NV 89074	-7722			
		City/State	and Zip Co	de			
		wendv.hefle\	/@incorp.	com			
wendy.hefley@incorp.com E-mail address: (to be used for future annual report notification)							
For further info	ormation conce	rning this matter, please	e call:				
Wendy He	efley			(800) 246-2677			
vvendy i it	Name of Cont	act Person	at Are	ea Code & Daytime Telephone Number			
Enclosed is a §	335.00 check m	ade payable to the Depa	artment of S	itate.			
	Maili	ng Address		Street Address:			
	Ame	ng Address: ndment Section		Amendment Section			
	Divi	sion of Corporations		Division of Corporations			
		Box 6327		Clifton Building			
	Talla	hassee EL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

7. .

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	r a corporation organize	d under the laws of the State	of Florida	_
1. The name of the corporation: Inr	novative Concep	t Group, Inc.		
2. The principal office address: 138	521 Prestige Place,	Tampa, FL 33625		
3. The mailing address (if different)	·			
4. Date of incorporation/qualification	on: 12/16/1988	Document number:	K51953	
5. The name and street address of the Florida Department of State: (If re Taylor, William	ne current registered ager esigned, enter resigned)	nt and registered office on fil	e with the	·
	n Road Suite C			olvi 11
Tampa, FL 336	634			SION O
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered	d office	F CORPOR
InCorp Service	es, Inc.			RPORATION
17888 67th Co				બ મુ
Loxahatchee, F	P.O. Box NOT ac FL 33470	rceptable		
The street address of its registered as changed will be identical.				agent,
Such change was authorized by reauthorized by the board, or the cor	solution duly adopted be poration has been notif	y its board of directors or b ied in writing of the change	y an officer so	
Signature of an officer or director		Printed or typed name	and title	· CFOTIPES
Thereby accept the appointment as I further agree to comply with the of my duties, and I am familiar will document is being filed merely to recorporation has been notified in w	s registered agent and a provisions of all statute th and accept the obliga reflect a change in the r priting of this change.	agree to act in this capacity is relative to the proper and ition of my position as regis registered office address, I h	complete perfor tered agent. Or nereby confirm th	mance if this at the
Signature of Negastored Ager	<u></u>	7 7 ZO)	
If signing on behalf of an entity:)			
Wendy Hefley on behalf of In	Corp Services, Inc.			

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

Typed or Printed Name