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SECRETARY OF STATE
ORIDI

M. THOMAS

MAY 2 2 2009

EXAMINER

COVER LETTER

Division of Corporat	ions					
SUBJECT:	ICON	INVE	STMEN	ITS L.L.C) .	
	Name of L	imited	Liability	Company		
Dear Sir or Madam:						
The enclosed Registered Ag	ent/Registered O	office C	Change and	d fee(s) are	submitted	for filing.
Please return all correspond	ence concerning	this ma	itter to the	following	:	
	R. JAMES f Person					
Name C	i rerson					
	TMENTS L.L.C	<u>).</u>				2009 MAY 21 AM TO SEEL STATES
9000 SHAWI	N PARK PLACE	<u> </u>				2) A
	O, FL 32819 nd Zip Code					S STATE
Silyi Male u						
LuxurySc E-mail address: (to be used for	ott@aol.com future annual report n	otificatio	n)			
For further information cond	erning this matte	er, plea	se call:			
SCOTT R. JAI	MES	_ at (407)		312-907	8
Name of Person			Area	a Code & Dayt	ime Telephone	Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ns · Circle		Registr Divisio P.O. Bo	ING ADDR ation Section on of Corpor ox 6327 assee, Florid	n ations	
Enclosed is a check	for the followin	ıg amo	unt:			
\$25 Filing Fee			\$55 F	iling Fee &	c Certified	Сору

TO: Registration Section

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY .

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	ICON INVESTMENTS L.L.C.			
2. (a) Principal office address of limited liability com	0000 011414/41 BABIK BLAGE			
(Note: MUST BE STREET ADDRESS)	9000 SHAWN PARK PLACE ORLANDO, FL 32819			
(b) Mailing address of limited liability company:	9000 SHAWN PARK PLACE			
(Note: MAY BE POST OFFICE BOX)	9000 SHAWN PARK PLACE ORLANDO, FL 32819			
07/21/2000 3. Date of filing/registration in Florida	L0000008642 4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	THOMAS V. DURKEE			
Registered Office Address:	1417 E. CONCORD STREET ORLANDO, FL 32804			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: SCOTT R. JAMES				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ICON INVESTMENTS L.L.C., 9000 SHAWN PARK PLACE ORLANDO FL 32819			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be illiability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization			
SCOTT R. JAMES Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.			

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

Signature of Registered Agent