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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations			
SUBJECT: Mycon, LCC Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARK YEUEN Name of Person			
Mycon, LCC Firm/Company			
1499 SW 30th Ave, Ste. 1			
Boynton Beach, TC 33426 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JEANMATIE BENOIST at (561) 364-8300			
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 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 608.508, Florida Statutes, the undersigned limited

der to change its registered office or registered
Icam, LCC
any: Mycom, LCC
1499 SW 30th Ave Ste 1 Boynton BRACH, FC 33426
Mycom, LCC
1499 SW 30th Ave Ste 1 Boynton BEACH, FL 33426
L 01000014546 4. Document number
on the records of the Florida Dept. of State:
MARK YELLEN
5534 Ainsley CT Boynton Brach, FL 33437
EW Registered Office address: Mark YEUEH
MyCam LCC 1499 SW 304 Ave Ste 1 Boynton Beach FL 33426
e laws of the State of Florida, it is hereby Florida street address of the registered of fice on the case of a Florida limited

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

Signature of Registered Agent