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(Re	questor's Name)		
(Add	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:	jr.	
RA-Change			
Office Use Only			



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Icon Florida, LLC			
(Name of I	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:		
Kevin Jean McKinley, Esq.			
(Name of Person)			
Kayin Joan Makinlay D.A			
Kevin Jean McKinley, P.A. (Firm/Company)			
422-C North Cypress Drive			
(Address)			
Tequesta, FL 33469			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Kevin Jean McKinley	at (954) 791-1303		
(Name of Person)	(Area Code & Daytime Telephone Number)		
CTREET/COURTER A PROFESS.	MAILING ADDRESS.		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the followi	ng amount:		
✓ \$25 Filing Fee	\$55 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

· ·	3			
1. The name of the limit	ed liability company is:	Icon Florida, LLC		
2. The mailing address of	of the limited liability co	ompany is: 422-C North Cypres	s Drive	
Tequesta, FL 33469	·	• •		
August 8, 2005			L05000078600	
3. Date of filing/registrar	tion in Florida	4. Document nur	nber	
5. The name of the regist Florida Department of	ered agent and the regis State:	stered office address as shown	on the records of the	
	Kevin Jean McKinle	y, Esq.		
		Name		
,	4020 Pinella Circle S		,	
Address				
	Palm Beach Gardens	State and Zip		
(T)	•	, •	P () 0	
6. The name and address	of the new registered ag	gent and/or office:	O6 A	
	Kevin Jean McKinley	, Esq.		
•		Name	-2 SS	
	422-C North Cypress	Drive	ES P I	
	Florida street address	s (P.O. Box NOT acceptable)	F ST/	
	Tequesta	FL 33469	ATE RID	
	City, S	tate and Zip		
confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement with the company of the limit of the operating agreement with the company of the operating agreement with the company of the co	hange or changes are me of the registered agent with the registered that the mited liability company of the limited liability when the limited liability when the limited liability the limited liability when the liabili		of the registered office of a Florida limited d by an affirmative vote	
Kevin Jean McKinley	<u> </u>		•	
(Printed or typed name of signee) I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F, S Or, if address, I hereby confirm (Signature of Registered Agent)		gent and agree to act in this ca to the proper and complete pe s of my position as registered a filed to merely reflect a change y company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.	

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