LOS 0000 78600

(Reques	tor's Name)	
(Address	<u> </u>	
(Addross	-1	.
(Address)		
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)	
•		
(Document Number)		
		•
Certified Copies	Certificates of S	itatus
,		
Special Instructions to Filing Officer:		
•		
,		
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



000136289460

09/25/08--01032--003 **25.00

2008 SEP 25 AM II: 21
SEGRETARY OF STATE
TAIL AHASSEE. FLORIDA

T. CLINE

SEP 2 6 2008

EXAMINER



Kevin Jean McKinley, P.A.

Kevin Jean McKinley Attorney at Law Admitted in Florida and Michigan

September 22, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE:

Icon Florida, LLC

Fine Lynx, LLC

Dear Sir or Madam:

Enclosed please find the cover letter, checks and the original signed Statement of Char Registered Office and Registered Agent for each of the above-referenced limited liabil companies.

After filing the originals, kindly date stamp the enclosed copies and return them to mean the self addressed, stamped envelope provided. Thank you.

Sincerely.

Kevin Jean McKinley, Esq.

Enclosures (Icon Florida, LL and Fine Lynx, LLC)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Icon Florida, LLC (Name o	f Limited Liab	oility Company)		•
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change a	and fee(s) are submitted f	or filing.	
Please return all correspondence concerning	this matter to t	he following:		
Kevin Jean McKinley, Esq.				
(Name of Person)		=		
(1.2.10 01.000.1)			~	
			ALL AHA	
Kevin Jean McKinley, P.A.		_	A∺ SE	nerpa.
(Firm/Company)			P Z	of the contract of the contrac
			25 ARY SSE	4
825 South U.S. Highway One, Suite 350				the same of the same to the same to the
(Address)		_	AM II: OF STA	The second of th
, ,			08 SEP 25 AM II: 2 EGRETARY OF STATE LLAHASSEE, FLORID	
			Jan	
Jupiter, FL 33477		_		
(City/State and Zip Code)				
For further information concerning this matter	er, please call:			
Kevin Jean McKinley	at (561	741-7075		
(Name of Person)		ode & Daytime Telephor	ne Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O. Talla	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check for the followin	g amount:			
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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.

1. Name of the limited liability company: Icon Florid	da, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 825 South U.S. Highway One Suite 350 Jupiter, FL 33477
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	825 South U.S. Highway One # Suite 350 # Jupiter, FL 33477 #
September 22, 2008 3. Date of filing/registration in Florida	L05000078600 4. Document number
5. (a) Registered Agent and Registered Office shown	1> 21 (2) SP 2124
Registered Agent:	Kevin Jean McKinley, Esq.
Registered Office Address:	1340 U.S. Highway One Suite 102 Jupiter, FL 33469
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
<u>NEW</u> Registered Agent:	Kevin Jean McKinley, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	825 South U.S. Highway One Suite 350 Jupiter, FL 33477
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	treet address of the registered office and the business be case of a Florida limited liability company, it is
Kevin Jean McKinley (Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit. F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified.	ed agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, t a change in the registered office address, I hereby fied in writing of this change.

+

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