L0700017a/63

(Red	questor's Name)	
(Add	Iress)	
(Add	dress)	
(Cin	//State/Zip/Phone	. 40
(City	//State/Zip/Prione	÷ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
,	,	,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



700122251847

04/07/08--01052--002 ++55.00

OB APR -7 PM 2: 05
SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE
APR 0.7 2008
EXAMINER

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations					
SUBJECT: I-CROWNE INVESTMENTS (Name of L	S, LLC				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
ELIZABETH BARTLEY	SEC TALL	0			
(Name of Person)	CAHA	PR			
I-CROWNE INVESTMENTS, LLC (Firm/Company)	ARY OF	-7 R			
73 SHADOW CREEK WAY	FLORIDA	2: 05			
(Address)					
ORMOND BEACH, FL 32174 (City/State and Zip Code)					
For further information concerning this matter	er, please call:				
ELIZABETH BARTLEY	at (386) 615-7835				
(Name of Person)	(Area Code & Daytime Telephone	Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	g 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 provi liability company sub- agent, or both, in the S	sions of sections 608 nits the following stat tate of Florida.	416 or 608.508, Florida ement in order to change	Statutes, the its registered	indersi office (gned or reg	limitea isterea
1. The name of the lin	nited liability company	is: I-CROWNE INVESTMEN	NTS, LLC			
2. The mailing address	s of the limited liabilit	y company is : 73 SHADO	W CREEK WAY		_	
ORMOND BEACH, FL 3	32174					
JULY 11, 2007		L0700007	2163			
3. Date of filing/regist	ration in Florida	4. Docum	nent number			
5. The name of the reg Florida Department	istered agent and the r	egistered office address as	shown on the	records	of the	e
•		NGS INCORPORATED)			
		Name		¥ς	80	
	1203 GOVERNO	R'S SQUARE BLVD SUIT Address	E 101	E	æ ,>=	arrana .
	TALLAHASSEE E	L 32301-2960 US		E	APR	arress n A
		ity, State and Zip		SS	_	-
6. The name and addre	ss of the new registere	ed agent and/or office:		Y OF S	PH	
	ELIZABETH BAR	TLEY		SIA	2: 0!	
		Name		F STATE FLORIDA	25	
	73 SHADOW CRE	 	- 11 5			
	Florida street add	ress (P.O. Box NOT accep	ptable)			
	ORMOND BEACH, FL	32174 FL		_		
	Cit	y, State and Zip		_		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	e change or changes are of the registered agen hereby confirmed that limited liability component of the limited liab		state of Florida, address of the in the case of a Flouthorized by an led in the article	it is he register orida li affirm s of or	ereby red off mited native ganiz	vote ation
ELIZABETH BARLTEY	,					
(Printed or typed name of sign	nee)					
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi- ling a light the second of the second Isignature of Registered Ager	I Sarily	d agent and agree to act in tive to the proper and con tions of my position as reg ng filed to merely reflect a bility company has been no	n this capacity. nplete performa istered agent a change in the otified in writin	I furth ance of s provi- registe g of the	per ag my di ded fo red of is cha	ree to uties, or in fice nge.

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