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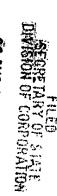
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· COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: ICOE INVESTMENTS, (Name | LLC e 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 concernin | ng this matter to the following: | |
| SCOTT G. MILLER (Name of Person) | | |
| BROAD AND CASSEL (Firm/Company) | | |
| 390 N. ORANGE AVENUE, SUITE 1400 (Address) | | |
| ORLANDO, FLORIDA 32801 | | |
| (City/State and Zip Code) | | |
| For further information concerning this ma | tter, please call: | |
| SCOTT G. MILLER | at (407) _839-4200 | |
| (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 follow | ing amount: | |
| | ☐ \$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.

| 1. Name of the limited liability company: ICOE IN | VESTMENTS, LLC | |
|---|---|---|
| 2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS) | pany: 8843 Elliotts Court Orlando, Florida 32836 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 8843 Elliotts Court Orlando, Florida 32836 | |
| May 16, 2008 | L08000049151 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: | |
| Registered Agent: | Ashish Pal | |
| Registered Office Address: | 8826 Southern Breeze Drive Orlando, Florida 32836 | _ |
| | ω ±. | ٠ |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office address: Parul Pal | • |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Orlando,FL_32836 | |
| If the limited liability company is not organized under that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. | street address of the registered office and the business | |
| (Signature of a member or authorized representative of a member) Parul Pal (Printed or typed name of signee) | and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I tition as registered agent as provided for in Chapter 608, ct a change in the registered office address, I hereby tified in writing of this change. | |

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

(Signature of Registered Agent)