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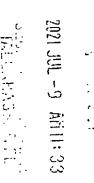
(Requestor's Name)							
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations			
SUBJECT: Iconnect U. LLC			
	mited Liability Company		
Dear Sir or Madam:	• • •		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Dawn Michelle Grunberg			
Name of Person	•		
Iconnect U, LLC			
Firm/Company			
120 Valrico Station Road #204	•		
Address			
Valrico, Fl. 33594	·		
City/State and Zip Code			
michellegrunberg86@gmail.com			
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please of	eall:		
Dawn Michelle Grunberg 9.	41 400-4164		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount	t:		
■ \$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 605.0114 or 605.0116. 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. N	ame of the limited liability company: Iconnect U, LLC							
2. (a)	Iconnectu	(1	b) .	lconnectu	I			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	·).		Mailing address (Note: MAY)		-	
	120 Valrico Station Rd #204		1	120 Valrio	co Station Rd #1	204		
	Valrico, FL 33594	_	``	Valrico, F	T 33594			
	07/10/2009		L)900007 1	256			
3.	Date of filing/registration in Florida	4.			Document nu	ımber		
5. (a)	Dawn Michelle Grunberg							
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florid	a D	ept. of Sta	te:			
	1808 S. Golfview Drive					₹.	792	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					3021 JUL	,	
	1808 S. Golfview Drive					•	t	•
	Plant City , FL	33566			-	<u>.</u>	9 AM	•
(b)	Dawn Michelle Grunberg				_	: 	H 33	٠
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office at	ddr	ess:				
	Iconnect U, LLC							
	NEW Registered Office Address:			<u> </u>				
	120 Valrico Station Road, #204				_			
	Valrico, FL	33594			_			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register bility ed f the lin limited	ed om nite lial	office ar pany, it i ed liabili bility cor	nd the business is hereby confi ty company or mpany.	office of irmed that	f the reg t the cha	istered inge(s)
1/12/	ture of a member or authorized representative of a member	Dav ——	vn :	Michelle	Grunberg Printed or type	d name of c	ioneo	
_	·			e daine en en	• •		- ,	s with the
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change,	perform	an	ce of my	duties, and La	ım familic	ar with o	and accept

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent