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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: Arcadia ICR Group LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
John Trawick				
Name of Person				
John B. Trawick PLLC				
Firm/Company				
139 E. Government Street				
Address				
Pensacola, FL 32502				
City/State and Zip Code				
john@jbtrawicklaw.com	✓			
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
John Trawick	476-0495			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	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 following amount:				
2 \$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: Arcadia ICI	R Group LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(v)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3355 Addison Drive, Suite B		
	Pensacola, FL 32514		
	11/12/2009	Ł0 9 000	109042
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SPIEGEL & UTRERA, P.A.		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	ate:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	1840 SW 22ND ST., 4TH FLOOR		
	MIAMI	_{FL} 33145	
(b)	John Trawick Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	MII: 09
	NEW Registered Office Address:		_
	139 E. Government Street		
	Pensacola	FL 32502	
agent w was/we the artic	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the companion of the companion of the operating agreement of the companion of the comp	laws of the State of F of the registered offi liability company, it	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
	ure of a member or authorized representative of a member		Printed or typed name of signee
the obli	by accept the appointment as registered agent and a consol of all statutes relative to the proper and completigations of my position as registered agent as providing to the change in the registered office address. It is writing of this change.	gree to act in this ca le performance of my led for in Chapter 60 I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been
Signatur	Laf Registered Agent		