## 110000027364

(Red	guestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
·	·	•		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



100380309941



(C) (A)R0|Ch8

> FEB 24 MM2 1 ALBRITTOM



RECEIVED

2022 FEB 23 PM 1: 19

SECRETARY OF STATE TALLAHASSEE, FL

February 10, 2022

WILLIAM S. WOODY IV 4114 SUNBEAM ROAD BLDG 100 - STE. 102 JACKSONVILLE, FL 32257

SUBJECT: ICX MANAGED SERVICES, LLC

Ref. Number: L10000027364

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00003300

## COVER LETTER . .

TO: Registration Section Division of Corporations						
ICX MANAGED SERVICES.	LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registere	d Office Change and	f fee(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to the	following:				
William S Woody IV						
Name of Person		<u> </u>				
ICX MANAGED SERVICES, LLC						
Firm/Company		<u> </u>				
4114 Sunbeam Road Building 100 Suite 102						
Address		<u> </u>				
Jacksonville, F1, 32257						
City/State and Zip C	ode					
bill.woody@icxmsp.com						
E-mail address: (to be used for future	e annual report noti:	fication)				
For further information concerning this m	atter, please call:					
William S Woody IV	904 at (	626-4728				
Name of Person	ar (	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 follo	owing amount:					
□ \$25 Filing Fee	<b>=</b> \$	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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	lame of the limited liability company: ICX MANAGEL	) SERVI	CES, LLC	<u> </u>
2. (a)		(	b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8324 BAYMEADOWS WAY #104		4114.5	SUNBEAM ROAD BLDG 100 SUITE 102
	JACKSONVILLE, FL 32256	_	JACK	SONVILLE, FL 32257
	03/11/2010		1,10000	027364
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a	)			
. (4	Registered Agent and Registered Office shown on the records of Todd G Froats	the Florid	la Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	:S)	
	76 S Laura Street Ste 1300-B			17A
	Jacksonville, Fl	1. <u>32202</u>		PILED  2022 FEB 23 AM II:  SECRETARY OF SI TALLAHASSEE.
(l-)				**************************************
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	AMII: OR OF STATE SSEE. FL
	William S Woody IV			ATE
	NEW Registered Office Address:			<del></del>
	4114 Sunbeam Road Bldg 100 Ste 102			
	Jacksonville F	32257		
chang agent was/w the ar Sign	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the anidelofa member of authorized representative of a member given so fall statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I	e registe iability c of the lii e limited To	red office ompany, nited liab liability dd G Froa et in this a	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Its  Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept
noujy	ure of Registered Agent	·		