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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CHRISTINA RUSSELL Name of Person			
Faro + Crowder Firm/Company			
1801 N. SARNO Rd. #1 Address			
Melbourne, FL 32935 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CHristina Russell at (321) 784-8158 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 amount:			
\$25 Filing Fee \$25 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	l	
1. Na	me of the limited liability company:	LLC
2. (a)	I.C. AiR, LCC (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	340 5. ORLANDO Ave#2A 34	0 S. Orlando Ave # 2
		OA BEACH, FL 3293,
	· · · · · · · · · · · · · · · · · · ·	11000112119
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	FAVO + Crowder PA Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	503 N. ORLando Ave. #201	_
	COCOA BEACH, FL 32931	
(b)	FAro + Crowder PA	2 15
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- D
		- S.
	NEW Registered Office Address: 1801 No SARNO Rd. #/	·
	Melbourne ,FL 32935	- -
the cha agent v was/we	imited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liability colors of organization or the operating agreement of the limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

a-Signature of Registered Agent

Signature of a member or authorized representative of a member

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