

#L11000121469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

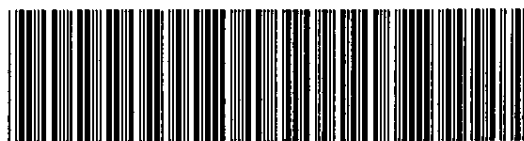
(Business Entity Name)

(Document Number)

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11 DEC 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 29 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2011

GABRIELA SCALISI
18246 COLLINS AVE.
SUNNY ISLES, FL 33160

SUBJECT: ICON 1, 4502, LLC
Ref. Number: L11000121469

We have received your document for ICON 1, 4502, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 611A00026838

Attention: Karen Galy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Icon 1, 4502, LLC.
Name 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 concerning this matter to the following:

Gabriela Scalisi

Name of Person

Firm/Company

18246 Collins Avenue

Address

Sunny Isles, FL 33160

City/State and Zip Code

gascalisi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Scalisi

Name of Person

at (305) 947-0477

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

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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: Icon 1,4502, LLC.
2. (a) Principal office address of limited liability company: 18246 Collins Avenue
Sunny Isles FL, 33160
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 18246 Collins Avenue
Sunny Isles FL, 33160
(Note: **MAY BE POST OFFICE BOX**)
L11000121469
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: American Safety Council Inc.
Registered Office Address: 5125 Andanson St. Suite 500
Orlando, FL. 32804
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Gabriela Scalisi
NEW Registered Office Address: 18246 Collins Avenue
(**MUST BE FLORIDA STREET ADDRESS**) Sunny Isles FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]
Signature of a member or authorized representative of a member

Printed or typed name of signer

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 608, 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.

[Signature]
Signature of Registered Agent