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(Requestor's Name)					
(Hodustier & Hallie)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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S. WARREN AUG 0 1 2017

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: ICD HOLDINGS	S, LLC			
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS) 1002 E. Newport Center Dr., Suite 200		1002 E. I	(Note: MAY BE POST OFFICE BOX) Newport Center Dr., Suite 200	
	Deerfield Beach, FL 33442		Deerfield Beach, FL 33442		
	12/26/2012		L1200016	60352	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Registered Agent and Registered Office shown on the records of			-	
	Registered Agent and Registered Office shown on the records of	the Florida	i Dept, of Stat	e:	
	Cohen, Seth			_	
	Registered Office Address (MUST BE FLORIDA STREET)				
	1002 E. Newport Center Dr., Suite 200			-	
	Deerfield Beach . FI	33442	2	<u> </u>	
.1.3					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED JUL 27 PM	
	Corporation Service Company			••••	
	NEW Registered Office Address:				
	1201 Hays Street				
	Talloharras	22204			
	Tallahassee , FI	, 32301		-	
the chagent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis lability co of the lim	stered office ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
1	s/ Seth Cohen	Setl	h Cohen, Ai	uthorized Person	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and agg sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change	ree to act performed for in C hereby co	t in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent Corporation Service Company	BY: G	race E. Kir	rby, Asst. Vice President	