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(R	equestor's Name)						
(A	ddress)						
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PICK-UP	WAIT MAIL						
(B	usiness Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
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RARUMS

JAN 0.8 2021 LALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: International Counsel PLLC	Nama of Limita	d Linkilia. Common
	ľ	vame of Limite	ed Liability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered (Office Change	and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	the following:
Gary F	⁷ armer		
	Name of Person		
Interna	ational Counsel PLLC		
	Firm/Company		·. '
1395 E	Brickell Ave Ste 853		
	Address		
Miami	, FL 33131		
	City/State and Zip Code	e	
I	E-mail address: (to be used for future a	annual report n	otification)
	rther information concerning this matt	•	,
Gary F	armer	305	600-3381
	Name of Person	at (Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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 followi	ing amount:	
	□ \$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.	Na	me of the limited liability company: International Couns	el PLL	.C					
2.	(a)	1395 Brickell Ave			(b) 1395 Brickell Ave				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (υ)_		Mailing address of limited li		y :	
		Ste 853	_	S _	te 853				
		Miami, FL 33131	_	N	1iami, I	FL 33131			
		January 5, 2016		_	_1	600000	27	7	
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)	Farmer, Gary D. Jr							
	• •	Registered Agent and Registered Office shown on the records of the	Florid	la Do	pt. of Si	tate:			
		333 S.E 2nd Ave							
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES.	<u>(S)</u>					
		Suite 2000					~ ? ~ .		
		Miami 33	3131		 .	·	<u> </u>		
		, FL				<u> </u>			
	(b)	Gary Dean Farmer							
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					<u> </u>		
							PH 1: 34		
		1395 Brickell Ave					. . -		
		NEW Registered Office Address:							
		Ste 853							
						_			
		Miami FI 33	3131						
If t	he li	mited liability company is not organized under the laws	of the	Str	ite of F		med that aft	ar tha	
cha	nge	or changes are made, the Florida street address of the re	gister	ed o	office a	and the business office of	the registere	d	
wa:	sin w	vill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of t	lity co	omp nite	any, it I liabil	is hereby confirmed that lity company or as otherw	the change(: ise provided	s) lin	
the	afti	des of organization or the operating agreement of the lin	nited l	liab	ility co	ompany.			
<u>-</u> Ş	//	en laure		U	ary	tarmer			
	_	ure of member or authorized representative of a member			. /	Printed or typed name of sig	~		
pro the to n	visic obli n eț e	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I her in writing of this change	to act erforme or in C reby co	t in anc Cha onfi	this ca _l e of my pter 60 rm tha	pacity. I further agree to y duties, and I am familia 95, F.S. Or, if this docum at the limited liability com	comply with r with and a ent is being pany has bei	n the ccept filed en	
∀	10	my form							
Sig	natur	e of Registered Agent							