(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100335292061

100885292061 10/17/19--010(4--027 **200.0(

2019 Dr. 17 PH 4:47

NOV 0.5 200

COVER LETTER

TO: Registration Section

Divi	sion of Corporations		
SUBJECT:	The Law Store Service Comp	any, LLC	
SCHOLET.	Name	of Limited Lia	bility Company
Dear Sir or N	Madam:		
The enclosed	l Registered Agent/Registered Offic	e Change and fo	ee(s) are submitted for filing.
Please return	all correspondence concerning this	matter to the fo	ollowing:
Judy Wee	den		
	Name of Person		_
iCan Bene	fit Group, LLC		
	Firm/Company		-
5301 N. F	ederal Hwy, Suite 100		
	Address		-
Boca Rato	on, FL 33487		
	City/State and Zip Code		_
jweeden@	icanbenefit.com		
E-mail	address: (to be used for future annu	al report notific	ation)
For further is	nformation concerning this matter, p	olease call:	
Judy Wee	den	800	530-4226
	Name of Person	\	Area Code & Daytime Telephone Number
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Istration Section Sion of Corporations on Building Executive Center Circle That shaded in the section of	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 nhassee, Florida 32314
Encl	losed is a check for the following a	mount:	
52 \$3	25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/14	(1)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State Florida.

Na	ame of the limited liability company: The Law S		
(a)	5301 N. Federal Hwy, Suite 100	(1	(b) Same as principal address
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL		
	33487		
	03/02/2016		L16000044165
	Date of filing/registration in Florida	4.	Document number
(a)	Timothy J. Moore		
(α)	Registered Agent and Registered Office shown on the records	of the Florid	da Dept. of State:
	2700 N.Military Trail		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>ss</u>
	Suite 340		<u></u> <u></u>
			\sim
	Boca Raton ,	_{FL_} 33431	
(b)	Boca Raton , iCan Holding, LLC	FL_33431	
(b)	,	+L	
(b)	iCan Holding, LLC	+L	17 Pa
(b)	iCan Holding, LLC Enter name of NEW Registered Agent and/or NEW Registered	+L	
(b)	iCan Holding, LLC Enter name of NEW Registered Agent and/or NEW Registered Salary N. Federal Hwy	+L	

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.

Signature of a member of authorized representative of a member

Printed or typed name of signec

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.

Signature of Registered Agent