

L/6000173508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K. SALY

OCT 28 2016

2016/10/28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

JOE ESTES
4521 PGA BLVD. #301
PALM BEACH GARDENS, FL 33418

SUBJECT: ICPE, LLC.
Ref. Number: L16000173508

We have received your document for ICPE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00021603

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICPE, 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:

Joe Estes

Name of Person

Firm/Company

4521 PGA Blvd, 301

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

Joe@internationalcannaproexpo.com

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

For further information concerning this matter, please call:

Heidi Holdam

561

434-4451

Name of Person

at (_____) _____

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

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. Name of the limited liability company: ICPE, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4521 PGA Blvd, #301

Palm Beach Gardens, FL 33418

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4521 PGA Blvd, #301

Palm Beach Gardens, FL 33418

09/16/2016

L16000173508

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:

Lynn Weddermann

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4521 PGA Blvd, #301

Palm Beach Gardens, FL 33418

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Joe Estes

NEW Registered Office Address:

4521 PGA Blvd, #301

Palm Beach Gardens, FL 33418

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.

DocuSigned by:

Joe Estes

Joe Estes

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 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.

DocuSigned by:

Joe Estes

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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2016 OCT 27 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA