

L20000155194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

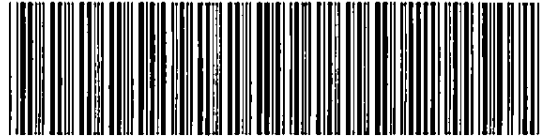
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TALLAHASSEE, FL

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APR 19 2024

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Iconicfinds FL LLC  
Name of Corporation

**DOCUMENT NUMBER:** L20000155194

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eren Sabanci

Name of Contact Person

Firm/Company

2803 Hidden Haven Rd

Address

Jacksonville Florida 32218

City/State and Zip Code

iconicfindsfl@gmail.com

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

For further information concerning this matter, please call:

Eren Sabanci

at (407)

437-9060

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2024 MAR - 8 10:56  
SECRETARY  
STATE  
OF FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2024

EREN SABANCI  
2803 HIDDEN HAVEN RD  
JACKSONVILLE, FL 32218

SUBJECT: ICONICFINDS FL LLC  
Ref. Number: L20000155194

We have received your document for ICONICFINDS FL 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 124A00000545

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**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: Iconic Finds FL LLC
2. (a) 2803 Hidden Haven Rd  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Jacksonville, FL 32218
- (b) 2803 Hidden Haven Rd  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Jacksonville, FL 32218
3. 06/08/2020  
Date of filing/registration in Florida
4. L200000155194  
Document number

5. (a) Eren Sabanci  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~9424~~ 9424 Baymeadows Rd. STE 250  
Jacksonville, FL 32256

- (b) Eren Sabanci  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2803 Hidden Haven Rd

**NEW Registered Office Address:**

Jacksonville, FL 32218

\_\_\_\_\_, FL \_\_\_\_\_

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]  
Signature of a member or authorized representative of a member

Eren Sabanci

Printed or typed name of signee

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]  
Signature of Registered Agent

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TALLAHASSEE, FL