12000015514

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LeonicFinds FL LLC	
Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Eren Sabanci	
Name of Person	<u> </u>
IconicFinds FL LLC	
Firm/Company	
1330 Cedar Street	
Address	
Jacksonville Florida 32207	
City/State and Zip Code	
iconicfindsfl@gmail.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Eren Sabanci 407	437-9060
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, i 2 54517	Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ \$25 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. N	ame of the limited liability company: IconicFinds FL	LLC	-		
2. (a)	1330 Cedar Street	(b) 1330 Cedar Street			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jacksonville Florida 32207		Jacksonvill	le Florida 32207	
	06/08/2020		L.200001551	94	
	Date of filing/registration in Florida	4.		Document number	
. (a)	Eren Sabanci				
. (=)	Registered Agent and Registered Office shown on the records of 2803 Hidden Haven Rd	of the Florid	la Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>	•	
	Jacksonville , I	FL 32218			
(b)	Eren Sabanci				
ζ- /	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:		
	1330 Cedar Street	•			
	NEW Registered Office Address:	-			
	Jacksonville	32207			
	, F	-L			
hange gent v /as/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne register liability co s of the lin se limited	ed office and impany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
herel rovisi ne obli mere otified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to act e perform led for in G I hereby co	t in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the tuties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	re of Registered Agent				