12200016394.

(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:									

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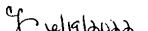


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COVER LETTER

TO:	Registration Section Division of Corporations										
SUBJ:	ICAA LLC ECT:										
	Name of Limited Liability Company										
Dear S	ir or Madam;										
The er	iclosed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.								
Please	return all correspondence concerning	this matter to the	e following:								
Tracy	Watson										
	Name of Person		. 								
ICAA	LLC										
	Firm/Company										
1087 N	loosehead Drive										
	Address										
Orango	: Park.Florida 32065										
-	City/State and Zip Code	:									
watson	3041@gmail.com										
Ī	:-mail address: (to be used for future a	innual report noti	ification)								
For fu	rther information concerning this matt	er, please call:									
Tracy '	Watson	410 at (940-2374								
	Name of Person		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	ng 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.

Na	me of the limited liability company: ICAA LLC						
(a)	1087 Moosehead Drive,Orange Park Florida 32065	(1087 Mo	osehead Drive	Orange I	ark Flo	rida 32065
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '		Mailing addres (Note: MA)			
	April 05,2022	-	1.22000163				
	Date of filing/registration in Florida	4.		Document i	number		
(a)	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS, INC. Registered Office Address - AUIST RE EL ORIDA STREET A			nte:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S Semoran Blvd Suite36					202;	
		32822		-	<u> </u>	2022 APR 25	:
/ 1- X						2	- رادي
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> . Tracy Watson	Office a	ddress:		12. 13. 14. 14.	AM 10: 22	
	NEW Registered Office Address:			~			
	1087 Moosehead Drive						
	Orange Park . FL	32065		_			
inge ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility c f the lir imited	ed office ar ompany, it nited liabili liability cor	nd the busine is hereby con ty company (ss office firmed t	of the hat the	registered change(s)
(_	X has littless	Tra	cyWatson				
erel ovisi obli nere	ure of a member or suthorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this charge.	rerforn	<i>once of m</i> v	duties and l	ier agree	: to cor iliar wi	nply with th