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	,	COVER	LETTER A				
	stration Section sion of Corporations						
SUBJECT:	ICL Holdings, LLC						
oom ne ri	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	I Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please return	all correspondence concernir	ng this matter to th	ne following:				
Luca Di Nunz	zio						
	Name of Person						
Dorcey Law	Firm						
	Firm/Company						
10181 Six Mi	ile Cypress Pkwy, Suite C						
	Address						
Fort Myers, F	TL 33966						
	City/State and Zip Co	de					
support@dlfr	egisteredagent.com						
E-mail	address: (to be used for future	annual report no	tification)				
For further in	nformation concerning this ma	itter, please call:					
Luca Di Nun	zio	239 at (308-1073				
	Name of Person		Area Code & Daytime Telephone Number				
	ling Address:		Street Address:				
_	istration Section		Registration Section				
	ision of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee				
1 a 11	anassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the follow	wing amount:					
\$	25 Filing Fee	5 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. Na	ume of the limited liability company: ICL Holdings, LLC	C					
2. (a)	1880 Pine Wood Court		(b) 1880 Pine Wood Court				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	.,.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Fort Myers, FL 33905	_	-	Fort Myers	s, FL 33905		
	04/10/2023	_	1.	23000176	603		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	John S. Kreitzer				_		
	Registered Agent and Registered Office shown on the records of the	he Florid	ia D	ept. of State	::		
	1880 Pine Wood Court				_		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>:S)</u>				
	Fort Myers , FL	33905			2023		
(b)	DLF Registered Agent Service, LLC				FILED 2023 AUG-8 PM TÄLLÄHÄSSEE, F		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				SSE -8 L		
	10181 Six Mile Cypress Pkwy, Ste C				RH 1: 39 SEE, FLORID		
	NEW Registered Office Address:			<u>-</u>	PH 1: 39 EFFLORIDA		
	Fort Myers, FL_	33966		<u>-</u>	_		
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabers.	register bility co f the lin imited	red omp nite liab	office and pany, it is ed liability	d the business office of the registered shereby confirmed that the change(s) w company or as otherwise provided in		
	w. S. bruf-er.				Printed or typed name of signee		
provisi the obl to mere	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 ely reflect a change in the registered office address, I he t in writing of this change.	ve to ac perform for in (ereby c	t in tand Che onf	this capa ce of my a upter 605, irm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been		

Signature of Registered Agent