

L24000042183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

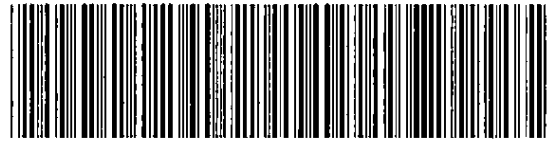
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 18 2024

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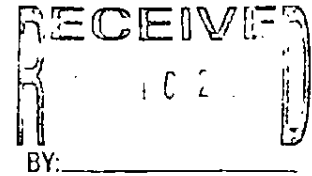
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J. HORNE



FLORIDA DEPARTMENT OF STATE
Division of Corporations



September 6, 2024

JEFFREY W WELLS
1415 N ATLANTIC AVE
COCOA BEACH, FL 32931 US

SUBJECT: ICON ROCKLEAR FLORIDA LLC
Ref. Number: L24000042683

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 324A00020027

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON ROCKLEAR FLORIDA 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:

JEFFERY W WELLS

Name of Person

CAR PROTECTION DISTRIBUTION LLC

Firm/Company

1415 N ATLANTIC AVE

Address

COCOA BEACH FL 32931

City/State and Zip Code

jwells@spartanfl.com

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

For further information concerning this matter, please call:

JEFF WELLS

Name of Person

at (517) 256-7111

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 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: ICON ROCKLEAR FLORIDA LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1415 N ATLANTIC AVE

COCOA BEACH FL 32931

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1415 N ATLANTIC AVE

COCOA BEACH FL 32931

01/23/2024

L24000042683

3. Date of filing/registration in Florida

4. Document number

5. (a) JAKE A RUDDICK

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5547 KATHY DRIVE

TITUSVILLE, FL 32980

(b) JEFFERY W WELLS

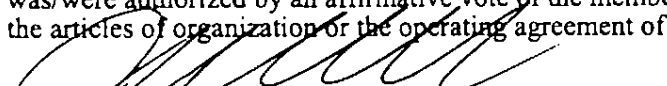
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1415 N ATLANTIC AVE

COCOA BEACH, FL 32931

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.

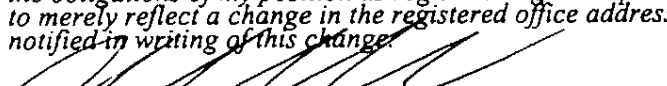


Signature of a member or authorized representative of a member

JEFFERY W. WELLS

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 of Registered Agent

2024 Sep 10 1:12:53