

MO6 000003127

(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:

Office Use Only



200098888582

04/27/07--01031--017 \*\*25.00

07 APR 27 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

439  
[Signature]

# CORPORATE DIRECT, INC.

60 East Simpson Avenue  
Post Office Box 2869  
Jackson, Wyoming 83001

877-683-9343 Toll Free  
info@corporatedirect.com

April 23, 2007

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

Re: Ikon Service Investments, LLC

To Whom It May Concern:

Enclosed for filing, please find original and one copy of a statement of change of registered office or registered agent or both for Limited Liability Company.

Once filed, please provide our office with a file stamped copy for our records.

As always, should you have any questions or need further assistance, please do not hesitate to contact our office.

Sincerely,



Annette C. Finch  
Account Representative

:acf  
encl

FILED  
07 APR 27 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IKON SERVICES INVESTMENTS, 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:

ANNETTE FINCH  
(Name of Person)

CORPORATE DIRECT, INC.  
(Firm/Company)

2248 MERIDIAN BLVD. STE H  
(Address)

MINDEN, NV 89423  
(City/State and Zip Code)

FILED  
07 APR 27 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANNETTE FINCH at ( 775 ) 782-1302  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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 608.416 or 608.508, 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. The name of the limited liability company is: IKON SERVICES INVESTMENTS, LLC
2. The mailing address of the limited liability company is : P.O. BOX 2869, JACKSON, WY 83001

05/30/2006

3. Date of filing/registration in Florida

MO6000003127

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

TEN BRINK, DEBRA A

Name

1238 VILLAGE LAKES BLVD. SUITE #3-10

Address

LEHIGH ACRES, FL 33936

City, State and Zip

6. The name and address of the new registered agent and/or office:

GERRI DETWEILER

Name

1037 GREYSTONE LANE

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA FL 34232

City, State and Zip

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.

Samuel J Biendugay

(Signature of a member or authorized representative of a member)

SAMUEL J. BIENDUGA

(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 608, 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.*

Gerri Detweiler

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
07 APR 27 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA