

P0000000 99867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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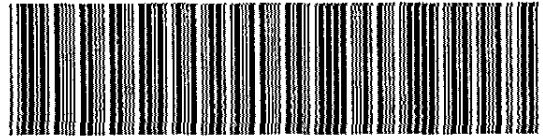
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T.Roberts FEB 02 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2007

JOHN COOKE
ICON ASSET SERVICES, INC.
4117 HILLSBORO PIKE - STE 103115
NASHVILLE, TN 37215

SUBJECT: ICON ASSET SERVICES, INC.
Ref. Number: P00000099867

We have received your document for ICON ASSET SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 807A00001423

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICON ASSET SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000099867

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Cooke

(Name of Contact Person)

Icon Asset Services, Inc

(Firm/Company)

4117 Hillsboro Pike - Suite 103115

(Address)

Nashville, TN 37215

(City/State and Zip Code)

For further information concerning this matter, please call:

John Cooke

(Name of Contact Person)

at (615) 665-8735

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Icon Asset Services, Inc.
2. The principal office address: 4117 Hillsboro Pike, Suite 103-115
Nashville, TN 37215
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 23 October, 2000 Document number: P00000099867
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Delia M. Cooke

95 Florida Blvd

Merritt Island, FL 32953

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Harry C. Harris

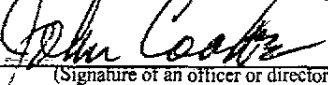
3710 N Courtenay Parkway, Suite 112

(P.O. Box NOT acceptable)

Merritt Island, FL 32953

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

John B. Cooke, President

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

12 January, 2007

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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TALLAHASSEE, FLORIDA