POSOD	0089800				
(Requestoi e) (Address) (Address)	500201083825 04/12/1101002012 **95.00				
(City/State/Zip/Phone #)					
(Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer: L. SELLERS					
APR 1 2 2011 EXAMINER Office Use Only	TALLAHASS				
	ILED ARY OF STATE ASSEE. FLORIDA				

COVER LETTER

TO: Amendment Section **Division of Corporations**

ICF GP

SUBJECT:

Name of Corporation

DOCUMENT NUMBER:__

P03000089800

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:

Kimberly Redash Name of Contact Person

Juno Partners Firm/Company

11601 Kew Gardens Ave., #101 Address

Palm beach Gardens, FL 33410 City/State and Zip Code

kim@bcdevco.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Redash	at (561) .	630-5116
Name of Contact Person	_	Area Code &	k Day	time 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

CR2E045 (8/05)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ICF GP, Inc

2. The principal office address: 11601 Kew Gardens Ave., #101, Palm Beach Gardens, FL 33410

3. The mailing address (if different):

ì

P03000089800 4. Date of incorporation/qualification: ____08/13/2003 ____ Document number: ____

5.	. The name and street address of the current registered agent and registered office on file w	ith the
	Florida Department of State: (If resigned, enter resigned)	

CSC

1201 Hays Street

Tallahassee, FL 32301-2525

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

Haile, Shaw Pfaffenberger

660 US Hwy One, 3rd floor

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

ure of an officer or director

Ira C. Fenton 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.

az Signature of Registered Agent

If signing on behalf of an entity:

ashi 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, FI

CR2E045 (8/05)