

P11000025774

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

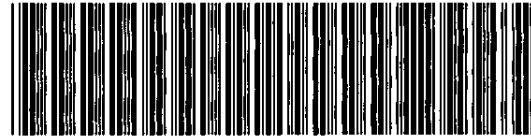
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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@ 12/29/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Icon Group, Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** P11000025774

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:

Michael Cordova

Name of Contact Person

The Icon Group, Incorporated

Firm/Company

13876 SW 56 St #151

Address

Miami, FL 33175

City/State and Zip Code

mcordova@iconclaims.com

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

For further information concerning this matter, please call:

Michael Cordova

Name of Contact Person

at ( 305 )

3164808  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Icon Group, Incorporated
2. The principal office address: 275 FONTAINEBLEAU BLVD. Suite 255  
Miami, FL 33172
3. The mailing address (if different): 13876 SW 56 ST #151  
Miami, FL 33175
4. Date of incorporation/qualification: 03/15/11 Document number: P11000025774
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Cordova

275 FONTAINEBLEAU BLVD. Suite 255

Miami, FL 33172

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

Michael Cordova

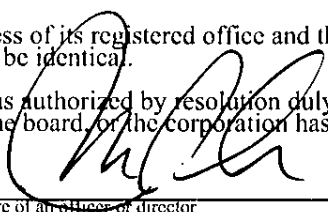
1571 NW 13th Court

P.O. Box NOT acceptable

Miami, FL 33125

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

Michael Cordova  
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

12/20/2011

Date

If signing on behalf of an entity:

Michael Cordova

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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