

P12000014229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

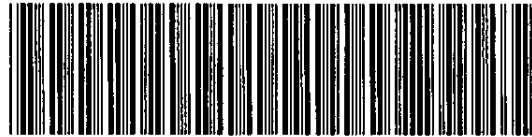
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000250664650

09/23/13--01005--006 **35.00

FILED

13 SEP 23 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 30 2013
EXAMINER

The Law Office of Dean B. Bell, LLC

1 Corpus Christi Place
Bldg. 105, Executive Center
Post Office Box 7401
Hilton Head Island, SC 29928
www.deanbell-law.com

Dean B. Bell *
Harry A. Hancock **
R. Myers Truluck, Jr.

Telephone • (843) 785-9772
Fax • (843) 785-9773
* Certified Arbitrator & Mediator
** LL.M. in Taxation

September 16, 2013

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314a

Re: **Information Centers, Inc.**

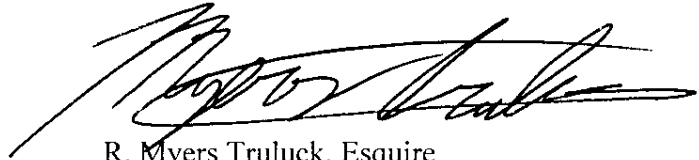
Dear Sir/Madam:

Please find enclosed the statement of change of address of the registered agent for the above named corporation as well as a check for the \$35.00 fee.

Should you have any questions or comments with regard to the enclosed, please do not hesitate to contact our office.

With kind regards, I am,

Sincerely yours,



R. Myers Truluck, Esquire

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Information Centers, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000014229

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:

R. Myers Truluck, Jr., Esq.

Name of Contact Person

The Law Office of Dean B. Bell, LLC

Firm/Company

1 Corpus Christi Place, Ste. 105

Address

Hilton Head Island, SC 29928

City/State and Zip Code

mtruluck@deanbell-law.com

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

For further information concerning this matter, please call:

Myers Truluck

Name of Contact Person

at (843) 765-9772

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: Information Centers, Inc.
2. The principal office address: 61 Sparwheel Lane, Hilton Head Island, SC 29926
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/10/1983 Document number: P12000014229
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)

David S. Brecher

50 North Laura Street, Ste 2600

Jacksonville, Florida 32202

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

David S. Brecher

301 West Bay Street, Ste 1443

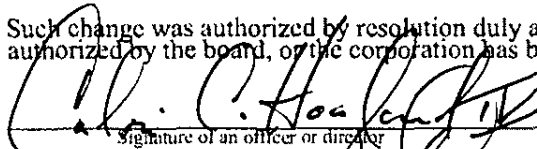
P.O. Box NOT acceptable

Jacksonville, Florida 32202

FILED
13 SEP 23 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

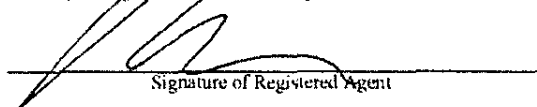
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Calvin C. Hoagland, IV

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

9-16-13

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