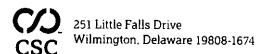
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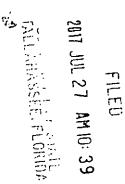
Office Use Only





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C. GOLDEN AUG - 3 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes anthony.holmes@cscglobal.com

Date: July 25, 2017

Order#: 739525/006

Re: ICD AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX ___ File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Holmes c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	r Florida	
	he corporation: ICD AGENCY, INC			
2. The principal	office address: 1002 E Newport Ce	enter Drive, Ste 200, Deerfield Beach, F	FL 33442	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/11/2014	Document number: P14000	0022250	
5. The name and		ered agent and registered office on file v		
	Cohen, Seth		_	
	1002 E Newport Center Drive, Ste	e 200	4.,	
	Deerfield Beach, FL 33442)
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			ריין
	Corporation Service Company			k 5
	1201 Hays Street	ox NOT acceptable	ا الاراد 1935 -	:' ಎ ೨
	Tallahassee	FL 32301	₹' '	D
The street address changed will	ess of its registered office and the ebe identical.	street address of the business office of	 its registered age	nt,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so	
	ire of a fortices or director	SETH COHEN Printed or typed name and	iii.	_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of a my dries and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my position to reflect a change in the registered off ified in writing of this change.	omplete on as registered	
By: Sign	on to Total Agent	07/25/2017 Date		-
_	chalf of an entity:			
Grace E. Kirby	, Asst. Vice President			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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