

PI7 000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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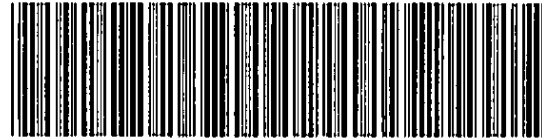
(Business Entity Name)

(Document Number)

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JAN 13 2020

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CLERK OF THE
SUPREME COURT
JAN 13 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICON SPORTS MEMORABILIA INC
Name of Corporation

DOCUMENT NUMBER: P17000000956

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:

MATTHEW MONTELEONE

Name of Contact Person

ICON SPORTS MEMORABILIA INC

Firm/Company

8851 US HIGHWAY 19

Address

PINELLAS PARK, FL 33782

City/State and Zip Code

MATTMONTELEONE24@GMAIL.COM

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

For further information concerning this matter, please call:

MATT MONTELEONE

at (727) 207-9822
Area Code & Daytime Telephone Number

Name of Contact Person

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

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: ICON SPORTS MEMORABILIA INC
2. The principal office address: 8851 US HIGHWAY 19 APT#2212
PINELLAS PARK, FL 33782
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2017 Document number: P17000000956
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)
18347 HOLLAND HOUSE LOOP
LAND O LAKES, FL 34638
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MATTHEW MONTELEONE
8851 US HIGHWAY 19 APT # 2212
PINELLAS PARK, FL 33782
P.O. Box NOT acceptable

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STATE

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.

Matthew Monteleone

Signature of an officer or director

MATTHEW MONTELEONE

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.

Matthew Monteleone

Signature of Registered Agent

12-3-19

Date

If signing on behalf of an entity:

Matthew Monteleone

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 (04/13)