F13000003799

| (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: | | | | |
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Office Use Only



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2021 NAY 11 PH 4: 56



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: May 6, 2021

Order#: 795284-011

Re: ICING SMILES, INC.

Enclosed please find:

XX___ Change of Registered Agent and Office.

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

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

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

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 61 ange is submitted for a corporation | organized under the lav | vs of the State of _ | ОН | |
|---|--|--|---|---|--|
| | er to change its registered office or | | n, in the State of r | toriaa. | |
| 1. The name of | the corporation: ICING SMILES, IN | IC | . | | |
| 2. The principal | office address: | | | | |
| 11418 lager BI | vd Fulton, MD 20759 | | _ | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 09/03/2013 | Document i | number: <u>F13000</u> | 003799 | |
| | d street address of the current regist rtment of State: (If resigned, enter r | - | d office on file wi | th the | |
| | NRAI SERVICES, INC | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | |
| | PLANTATION, FL 33324 | | | | |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed) and | d /or registered off | | |
| | Corporation Service Company | | | | |
| | 1201 Hays Street | | | MODITARY IT P | |
| | - | P.O. Box. NOT acceptable | | · 特等 二 | |
| | Tallahassee | FL | 32301 | 至 | |
| | ess of its registered office and the lbe identical. | | | ω, | |
| Such change wat authorized by t | as authorized by resolution duly ache board, or the corporation has be | dopted by its board of c een notified in writing o | lirectors or by an of the change. | officer so | |
| VVV | | Vernon Parks, (| Compliance Office | ır. | |
| ~ | ire of an officer or director | | ed or typed name and tit | le | |
| I further agrée of my duties, ar document is be corporation ha | the appointment as registered age to comply with the provisions of a ld I am familiar with and accept thing filed merely to reflect a change is been notified in writing of this classes. Source Company | ll statutes relative to th we obligation of my post o in the registered office | this capacity, e proper and com ition as registered e address, I hereb | plete performance agent. Or, if this y confirm that the | |
| I I | ace Cotuble | 05/03/2021 | | | |
| Sig | gnature of Registered Agent | | Date | | |
| If signing on be | chalf of an entity: | | | | |
| Grace E. Kirby, | Asst. Vice President | | | | |
| Ţ | yped or Printed Name | | | | |

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

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

| statement of chang | ge is submitted for a corporation organi | | | |
|---|--|---|--|--|
| | e corporation: ICING SMILES, INC | red agent, or both, in the State of Florida. | | |
| 2. The principal of | Fitte address: | | | |
| 3. The mailing add | dress (if different): | | | |
| 4. Date of incorpo | ration/qualification: 09/03/2013 | Document number: F13000003799 | | |
| | street address of the current registered agner nent of State: (If resigned, enter resigned | gent and registered office on file with the d) | | |
| 1 | NRAI SERVICES, INC | | | |
| - - - | 1200 SOUTH PINE ISLAND ROAD | | | |
| ſ | PLANTATION, FL 33324 | | | |
| 6. The name and s (if changed): | street address of the new registered agen | t (if changed) and /or registered office | | |
| (| Corporation Service Company | | | |
| 1 | 1201 Hays Street | | | |
| - | ·- | NOT acceptable | | |
| <u> </u> | Tallahassee | FL 32301 | | |
| The street address as changed will be | s of its registered office and the street a | address of the business office of its registered agent. | | |
| 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. | | | | |
| VVV | | Vernon Parks, Compliance Officer | | |
| Signature of | of an officer or director | Printed or typed name and title | | |
| I further agree to of my duties, and document is being corporation has b | ne appointment as registered agent and comply with the provisions of all statu I am familiar with and accept the obligation of the obligation of the obligation of the change in the open notified in writing of this change. Service company: | l agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the | | |
| _ In | ica Cokinoje | 05/03/2021 | | |
| Signat | ture of Registered Agent | Date | | |
| If signing on beha | alf of an entity: | | | |
| | sst. Vice President ed or Printed Name | | | |
| | * * * FILING FE | E: \$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)