

LOG 000044495

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000268451 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
GULF COAST ICE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
12 NOV -9 AM 7: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 NOV -9 PM 12: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

B. BOSTICK

NOV 13 2012

EXAMINER

11/9/2012

<https://efile.sunbiz.org/scripts/efilcovr.exe>

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST ICE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Wubker
Name of Person

Ice House America
Firm/Company

1597 The Greens Way
Address

Jacksonville Beach FL, 32250
City/State and Zip Code

katie.wubker@icehouseamerica.com

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

FILED
12 NOV -9 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Katie Wubker at (904) 704-4022
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GULF COAST ICB, LLC

2. (a) Principal office address of limited liability company: 1597 The Greens Way
Jacksonville, Florida 32250

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1597 The Greens Way
Jacksonville, Florida 32250

(Note: **MAY BE POST OFFICE BOX**)

05/02/2008 L08000044495

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: B&C CORPORATE SERVICES OF CENTRAL FL
 Registered Office Address: 390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System
NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

FILED
 NOV - 9 PM 12:31
 SECRETARIAT OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anna Tabor
 Signature of a member or authorized representative of a member

Anna Tabor
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Madonna Cuddihy
 Signature of Registered Agent **Madonna Cuddihy**
Special Assistant Secretary
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00

INHS18 (05/08)

PL013 - 1/16/2010 C.T. System Online