

P08000028003

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAID 6/3/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRIA LIGHT ICE CREAM, INC.
Name of Corporation

DOCUMENT NUMBER: P08000028003

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:

NOAH SHARP
Name of Contact Person

FRIA LIGHT ICE CREAM, INC.
Firm/Company

1815 LARGO RD #3
Address

JACKSONVILLE, FL 32207
City/State and Zip Code

noah@friaicecream.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOAH SHARP at (904) 396-0550
Name of Contact Person 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: FRIA LIGHT ICE CREAM, INC.

2. The principal office address: 1768 EL CAMINO ROAD, #4
JACKSONVILLE FL 32216

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/13/2008 Document number: P08000028003

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)

ALDERSON, JENNIFER

1768 EL CAMINO ROAD, #4

JACKSONVILLE FL 32216

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

SHARP, NOAH

1815 LARGO RD #3

P.O. Box NOT acceptable

JACKSONVILLE, FL 32207

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.

Jennifer Alderson
Signature of an officer or director

Jennifer Alderson, Director/Chairman
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.

Noah Sharp
Signature of Registered Agent

6/11/2010
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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA