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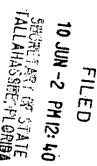
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COVER LETTER

Amendment Section Division of Corporations

TO:

	EDIA LIGHT ICE	CDEAM INC			
SUBJECT: FRIA LIGHT ICE CREAM, INC. Name of Corporation					
DOCUMENT NUMBER	CUMENT NUMBER:P08000028003				
The enclosed Statement of	Change of Registered Offic	ce/Agent and fee are sul	omitted for filing.		
Please return all correspor	dence concerning this matte	er to the following:			
	NOAH	SHARP			
Name of Contact Person					
		E CREAM, INC.			
Firm/Company					
1815 LARGO RD #3					
	Ado	dress			
JACKSONVILLE, FL 32207 City/State and Zip Code					
E-mai	noah@friaice		otification)		
	encerning this matter, please				
	H SHARP Contact Person	at (904)	396-0550 aytime Telephone Number		
	k made payable to the Depa		ayttine relephone Number		
E P	Mailing Address: Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Clifton Bu 2661 Exec	f Corporations		

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 The mailing address (if different): P08000028003 03/13/2008 4. Date of incorporation/qualification: Document number: 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, 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. Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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