

A11000000279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUN 18 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICEBOX CAFE GROUP HOLDINGS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A11000000279

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

Please return all correspondence concerning this matter to:

ROBERT SIEGMANN

Contact Person

ICEBOX CAFE GROUP HOLDINGS, LLLP

Firm/Company

1855 Purdy Avenue

Address

Miami Beach, FL 33139

City, State and Zip Code

rsiegmann@iceboxcafe.com

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

For further information concerning this matter, please call:

ROBERT SIEGMANN

Name of Contact Person

at ( 305 )

538-8448

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ICEBOX CAFE GROUP HOLDINGS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/07/2011 3. A11000000279  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT SIEGMANN  
Name

1657 MICHIGAN AVENUE  
Address

Miami Beach, FL 33139  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

ROBERT SIEGMANN  
Name

1855 Purdy Avenue  
Florida street address (P.O. Box not acceptable)

MIAMI BEACH FL 33140  
City, State and Zip

Please note: New address is for both LLLP office and registered agent

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Robert V. Siegmann  
Signature of General Partner

*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.*

Robert V. Siegmann  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50