F18 000003721

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
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TRANSMITTAL LETTER

TRANSMITTAL LETTER			
TO: Amendment Section Division of Corporations SUBJECT: BLUE ICE U.S., INC. Cross Reference Name BLUE ICE, INC. (Name of Corporation) DOCUMENT NUMBER, F18000003721			
SUBJECT: BLUE ICE U.S., INC. Cross Reference Name BLUE ICE, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: F18000003721			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Roger Olson			
(Name of Person)			
BLUE ICE, INC.			
(Name of Firm/Company)			
119 WASHINGTON AVE NORTH, 2ND FLOOR			
(Address)			
MINNEAPOLIS, MN 55401			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Roger Olson at (612 770-4388 (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			

Mailing Address: Amendment Section

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

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	R / DIRECTOR RESIGNATION OR A CORPORATION	A SO THE	
, Mark Lange	, hereby resign as Secre	hereby resign as Secretary	
	, noted to the second	(Title)	
of BLUE ICE U.S., INC.	Cross Reference Name BL	UE ICE, INC.	
(Na	me of Corporation)		
F18000003721 (Document Number, if known)	, a corporation organized under the lav	vs of the State of	
Minnesota			

FILING FEE IS \$35.00

resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314