L02000013862

(Requestor's Name)				
(Addropa)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200180005032

05/17/10--01007--009 **25.00

COVER LETTER

Division of Corporat	ions			
SUBJECT:	M & M I	CE CREAM :	XII, LLC	
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Ag	ent/Registered Offi	ce Change and f	ee(s) are submitted for filing.	
Please return all corresponde	ence concerning thi	s matter to the fo	ollowing:	
	/ A. Michel	· · · · · · · · · · · · · · · · · · ·		
Haverkamp Firm/Co	Rebold & Riehl			
5856 Gle	enway Ave.			
Cincincati City/State at	, Ohio 45238 nd Zip Code	·		
tmichel@ E-mail address: (to be used for	hrr-law.com future annual report notifi	cation)		
For further information conc	erning this matter,	please call:		
Timothy A. Mic	chel at		922-3200	
Name of Person STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING Registration of Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314	
Enclosed is a check	for the following a	mount:		
\$25 Filing Fee		\$55 Filis	ng Fee & Certified Copy	

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ABOTH 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:	1 & M ICE CREAM XII, LLC			
2. (a) Principal office address of limited liability compar	ıy: <u> </u>			
(Note: MUST BE STREET ADDRESS)	THE SECOND SECON			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1709 Wayne Ave.			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dayton, Ohio 45410			
6/5/2002	L02000013862			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:			
Registered Agent:	Larry Crowley			
Registered Office Address:	12350 Belcher Rd. S # 13-B			
	Largo, FL 33773			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:			
NEW Registered Agent:	Leroy Lacy			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	172 Bren Mar Ln.			
(MUST BE PEURIDA STREET ADDRESS)	Palm Coast ,FL 32137			
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. Signature of a member or authorized expressipative of a member				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compara-	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			
Signature of Registered Agent	non lacy			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00