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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WILD ICE II, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROLE F. GARFINKLE (Name of Person)  BERNSTEIN ASSOCIATES (Firm/Company)
7978 OLD GEORGETOWN ROAD, B-6  (Address)  BETHESDA, MARYLAND 20814  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
CAROLE F. GARFINKLE at (301) 986-9050  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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. The name of the limited liability company is: WILD ICE 11, LLC

2. The mailing address of the limited liability company is: 7978 OLD GEORGETOWN RD., B-6 BETHESDA, MARYLAND 20814 <u>L0400080696</u>
4. Document number

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

> CT CORPORATION SYSTEM
> Name 1200 SOUTH PINE ISLAND ROAP
> Address Address
>
> PLANTATION FLA 33324
>
> City, State and Zip

6. The name and address of the new registered agent and/or office:

MICHAEL D. MORELLY Name CORNERSTONE ONE, STE 220/1200 S PINE ISLAND RD
Florida street address (P.O. Box NOT acceptable) PLANTATION FL 33324 City, State and Zip

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 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 the limited liability company.

Corole J. Harfingle
(Signature of a member or authorized representative of a member)

CAROLE F. GARFINKLE (Printed or typed name of signce)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Appen)

(Signature of Registered Agont)

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