

**L060000094379**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 SEP 20 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 21 2012

**WILKINSON & SADORF, P.A.**

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RICK W. SADORF\*  
G. BARRY WILKINSON\*  
CURTIS W. RAVEN\*  
(\* - ALSO FLORIDA LICENSED CPA)

MAIN OFFICE  
696 FIRST AVE. N., SUITE 201  
ST. PETERSBURG, FL 33701  
OFFICE (727) 823-1514  
FAX (727) 823-0328

REPLY TO:  
CLEARWATER OFFICE

September 19, 2012

**VIA FEDERAL EXPRESS  
OVERNIGHT DELIVERY**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Several Statement of Change of Registered Office or Registered Agent

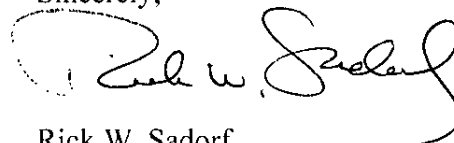
Ladies and Gentlemen:

Enclosed please find Nine (9) Statement of Change of Registered Office or Registered Agent for the companies listed below, along with my Firm's check in the amount of \$245.00 to be applied for payment of the fees listed below:

1.	Purple Palm, LLC	\$ 25.00
2.	ICA Franchising, LLC	\$ 25.00
3.	Baobab Tree, LLC	\$ 25.00
4.	South Main Inverness, LLC	\$ 25.00
5.	Chinaberry, LLC	\$ 25.00
6.	ADMD, LLC	\$ 25.00
7.	ICA Operations, LLC	\$ 25.00
8.	Ice Cold Air, Inc.	\$ 35.00
9.	Ice Cold Air Operations, Inc.	\$ 35.00
	Total	<u>\$245.00</u>

If you have any questions, please call me directly at (727) 726-1514.

Sincerely,



Rick W. Sadorf

RWS/sly  
enclosures

**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. Name of the limited liability company: ICA FRANCHISING, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

380-A 34TH STREET NORTH  
ST PETERSBURG FL 33713

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

PO BOX 16447  
ST PETERSBURG FL 33713

09/26/2006

L06000094379

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CARY ROSS

Registered Office Address:

6987 EAST FOWLER AVENUE  
TAMPA FL 33617

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

RICK W. SADORF

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1744 N. BELCHER ROAD

SUITE 150

CLEARWATER, FL 33765

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.

E. K. Redmond, manager  
Signature of a member or authorized representative of a member

KATHY REDMOND

Printed or typed name of signee

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.

E. K. Redmond  
Signature of Registered Agent

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