

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JACOBS & PETERS, P.A.
Account Number : F19980000094
Phone : (904) 261-3693
Fax Number : (904) 261-2866

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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**REGISTERED AGENT CHANGE
ICE PLANT PARTNERS, LLC**

Certificate of Status	0
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Estimated Charge	\$35.00

D. BRUCE

DEC 10 2009

EXAMINER**RECEIVED**

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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: ICE PLANT PARTNERS, LLC

2. (a) Principal office address of limited liability company: 1502 FIRST AVENUE
☒ (Note: MUST BE STREET ADDRESS) FERNANDINA BEACH, FL 32034

(b) Mailing address of limited liability company: 1502 FIRST AVENUE
☒ (Note: MAY BE POST OFFICE BOX) FERNANDINA BEACH, FL 32034

10/11/2006 L06000099363
 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: DANIEL D. AKEL
 Registered Office Address: ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Agent: ARTHUR I. JACOBS
NEW Registered Office Address: JACOBS SCHOLZ & ASSOCIATES
(MUST BE FLORIDA STREET ADDRESS) 961687 GATEWAY BLVD., STE 201-I
FERNANDINA BEACH, FL 32034

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.

Thad Smith
 Signature of a member or authorized representative of a member

THAD SMITH
 Printed or typed name of signor

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 affirm that the limited liability company has been notified in writing of this change.

Thad Smith
 Signature of Registered Agent

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