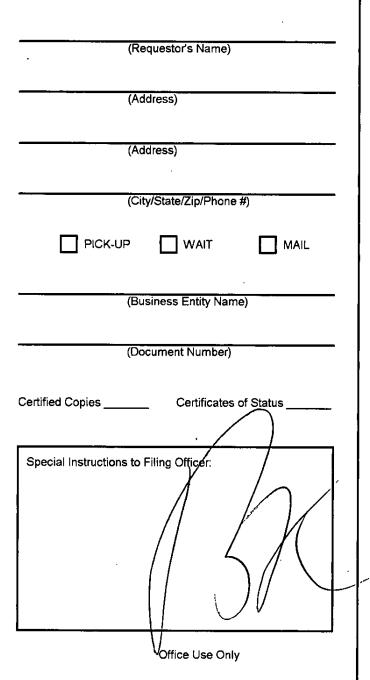
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RECEIVED
DEPARTMENT OF STATE
NISION OF CORPORATION



ION SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 800414 7182077
AUTHORIZATION Louis de man 250 23 -
COST LIMIT : 25.00
ORDER DATE: March 13, 2007
ORDER TIME: 10:08 AM
ORDER NO. : 800414-005
CUSTOMER NO: 7182077
CHANGE OF AGENT
NAME: SUPERCOOL LOGISTICS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Troy Todd EXT# 2940

EXAMINER:

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	ł liability company i	is: SUPERC	OOL LOGISTICS, LLC	<u> </u>	
2. The mailing address of	the limited liability	company is	:	·	
502 East Bridgers Avenue, Au	burndale, FL 33823				
December 26, 2006			L06000121931		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	red agent and the reg State:	gistered offic	ce address as shown o	n the records of the	
	J	I. Kemp Brinse	on		
		Name			
255 Magnolia Avenue, S.W.					
Address					
Winter Haven, FL 33880					
	Cit	y, State and	Zip	50 T	
6. The name and address of	of the new registered	agent and/o	or office:	OT MAR 15 PH 12: 45 SECRETARY OF STATE TALLAHASSICE, FLORIT	
Corporation Service Company					
Name 1201 Hays Street				9E 5	
Florida street address (P.O. Box NOT acceptable)					
	1 lorida street addit	C35 (1.O. DC	x 1101 acceptable)	ŕ	
	Tallahassee	FL	32301	···	
	City	, State and Z	Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are the registered agent eby confirmed that t ited liability compart of the limited liabil	made, the F will be iden the change(s ny or as othe lity compan	Florida street address of tical. Or, in the case of was/were authorized erwise provided in the	of the registered office of a Florida limited I by an affirmative vote	
(Signature of a member or authorized	zed representative of a mer	mber)			
Richard E. Strau	ıghn, Manager				
(Printed or typed name of signee)			_		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relat l accept the obligation his document is bein that the limited liable		ngree to act in this cap oper and complete pe osition as registered a crely reflect a change y has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) N	Michelle R. Vannoy, Ass	``` '}	ent		

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