Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Y SULKER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	me of the limited liability company: Cool Time Arriv			
2. (a)	1601 NW 70TH AVENUE, MIAMI, FL 33126			
. (-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	
-	08/29/2008	1,0800080,1	32826	
	Date of filing/registration in Florida	4.	Document number	
. (a)	NATIONAL CORPORATE RESEARCH, LTD., INC.			
. (/	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Si	tate:	
	Registered Office Address (MUST BE FLORIDA STREET 115 NORTH CALHOUN ST. SUITE 4	ADDRESS)		
	TALLAHASSEE , FI	32301	_	
(0)	C T Corporation System		_ 16	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	Ter	
	C T Corporation System		AR 21 A	
	NEW Registered Office Address:		1.21 - 1.	ं हैं - ह ा
				•
	1200 South Pine Island Road			p
		33324	AH 9: 16	y -
the linge changent wi		ws of the State of F f the registered offi ability company, it	Florida, it is hereby confirmed that at ce and the business office of the reg is hereby confirmed that the change ity company or as otherwise provide impany.	ister (s)
the lir e chan gent wi as/wer e artic	Plantation , FI mited liability company is not organized under the latinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lite authorized by the affirmative vote of the members of the operating agreement of the operating agreement of the member of amember of a member of amember of amember of amember of amember of a member of a m	ws of the State of F f the registered offi ability company, it of the limited liabil limited liability co Eva M. Kalaws	Florida, it is hereby confirmed that at ce and the business office of the reg is hereby confirmed that the change ity company or as otherwise provide impany. It is in the confirmed that the change ity company or as otherwise provide ity company. It is in the confirmed of signee.	iste e(s) ed ir
the line changent wind as/wer artice artice signalu thereby covision to more political articles are abligited.	plantation , FI mited liability company is not organized under the large or changes are made, the Prorida street address of ill be identical. Or in the case of a Florida limited life authorized. Or in the case of a Florida limited life authorized in the depending of the depending agreement of the Manager of a member of authorized representative of a member Manager of accept the appointment as registered agent and aging so fall statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered affice address, I	ws of the State of F f the registered offi ability company, it of the limited liabil limited liability co Eva M. Kalaws	Plorida, it is hereby confirmed that at ce and the business office of the reg is hereby confirmed that the change ity company or as otherwise provide ompany. I further agree to comply with duties, and I am familiar with and the limited liability company has but the limited liability liability company has but the limited liability liabi	iste e(s) ed in

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