

L09000005048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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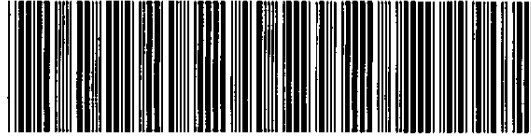
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 23 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAMOND ICE PRINTS
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:

E. BLAKE MELHUIH

Name of Person

E. BLAKE MELHUIH, P.A.

Firm/Company

522 12TH STREET WEST

Address

BRADENTON, FLORIDA 34205

City/State and Zip Code

MELHUIH@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. BLAKE MELHUIH

Name of Person

at (941)

748-1976

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: DIAMOND ICE PRINTS

2. (a) Principal office address of limited liability company: 6333 MCCOY ROAD



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

ORLANDO, FLORIDA 32822



(b) Mailing address of limited liability company:

SAME

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

3. Date of filing/registration in Florida

4. Document number

L09000005048

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

Registered Agent:

ICE GLASS PRINTS FLORIDA, LLC

Registered Office Address:

6333 MCCOY ROAD
ORLANDO, FLORIDA 32822

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

NEW Registered Agent:

ROBERT FOX

NEW Registered Office Address:

6333 MCCOY ROAD

(**MUST BE FLORIDA STREET ADDRESS**)

ORLANDO, FL 32822

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.

Robert L. Fox
Signature of a member or authorized representative of a member

Robert L. Fox
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.

Robert L. Fox
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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