117000114981

(Requestor's Name)					
(Address)					
(Address)					
(Ći	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



300305738093

11/17/17--01008--021 ••€5.00



J. LEGGETT ADV 17 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora bell@cscglobal.cvom

Date: November 14, 2017

Order#: 909874/005

Re: TWO BULLS ICE CEAM LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

	ame of the limited liability company: TWO BULL	S ICE CREAM LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Deerfield Beach, FL 33442				
3.	05/24/2017 Date of filing/registration in Florida	<u>L17000</u> -	114981 Document number		
<i>5</i> ()			Document manager		
5. (a)	COHEN, BRAD Registered Agent and Registered Office shown on the record	s of the Florida Dept. of Sta	ate:		
	Registered Office Address (MUST BE PLORIDA STRE	ET ADDRESS)	_		
	1002 E. Newport Center Dr. 200				
	Deerfield Beach	FL 33442	7 ALL		
			N N T		
(b)	Corporation Service Company				
	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:			
	1201 Hays Street				
	NEW Registered Office Address:		3: 36 0810A		
	Tallahassaa		_		
	Tallahassee	FL 32301			
agent w	mited liability company is not organized under the nige or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the str	of the registered office a liability company, it is so the limited liability cortillability cort	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.		
Signati	ire of a member or authorized representative of a member		SETH COHDEN Printed or typed pampe of signer		
the obling to mere notified	y accept the appointment as registered agent and completed agent and completed agent as provided agent	ded for in Chapter 605 I hereby confirm that			
	,	,			

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

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.

l. Na	ame of the limited liability company: TWO BULLS IC	E CREAM	M LLC	
2. (a)	1002 E. Newport Center Dr. 200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Deerfield Beach, FL 33442	-		
	05/24/2017	- <u>-</u>	L17000114	1981
3.	Date of filing/registration in Florida	4.]	Document number
5. (a)	COHEN, BRAD			
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	1002 E. Newport Center Dr. 200			
	Deerfield Beach	22440		
	, FL	33442		
. (р)	Corporation Service Company			
` '	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	tss:	
	·			
	1201 Hays Street			,
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
ne chai agent w was/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of ti ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the prerating agreement of the li	he registe oility con the limit	ered office a apany, it is l ed liability.	and the business office of the registered hereby confirmed that the change(s)
<u> </u>				ETH COHEN
	ire of a member or authorized representative of a member		Ā	rinted or typed pame of signed uthor ized Person
I hereb provision he oblination of merel notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in erforman for in Ch creby con	n this capac ace of my du apter 605, i firm that th	ity. I further agree to comply with the tties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signature	of Registered Agent Corporation Service Company	BY: Gra	ce E. Kirb	y, Asst. Vice President

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