

L19000193121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

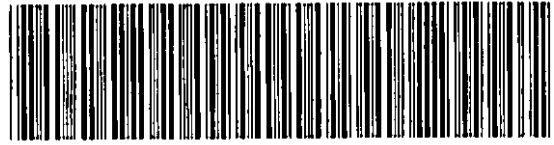
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/13/20--01017--023 \*\*55.00

2020 MAR 23 AM 7:33

FILED

IMMONS

MAR 26 2020



2020 MAR 23 AM 11:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2020

AMANDA RICE  
184 BALFOUR DR  
MARCO ISLAND, FL 34145

SUBJECT: TWENTY BELOW ICE LLC  
Ref. Number: L19000193121

We have received your document for TWENTY BELOW ICE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 020A00005102

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twenty Below Ice LLC

\_\_\_\_\_  
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:

Amanda Rice

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

184 Balfour Dr

\_\_\_\_\_  
Address

Marco Island, FL 34145

\_\_\_\_\_  
City/State and Zip Code

amandarice16@msn.com

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

For further information concerning this matter, please call:

Amanda Rice

303 704-7994  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: Twenty Below Ice LLC
2. (a) 182 Via Perignon Naples FL 34119  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 182 Via Perignon Naples FL 34119  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. July 29, 2019 Date of filing/registration in Florida
4. L19000193121 Document number
5. (a) Eric Nicolas Hofer  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
182 Via Perignon Naples FL 34119  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
182 Via Perignon  
Naples, FL 34119
- (b) Amanda Rice  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
184 Balfour Dr. Marco Island, FL 34145  
NEW Registered Office Address:  
184 Balfour Dr.  
Marco Island, FL 34145

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.

Eric Hofer  
Signature of a member or authorized representative of a member

Eric Hofer  
Printed or typed name of signer

*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 605, 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.*

Amanda Rice  
Signature of Registered Agent  
New RA Sign

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