

7/19/22 5:36 AM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:

Division of corporations
 Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
 Account Number : 120180000011
 Phone : (844)386-0178
 Fax Number : (214)317-4754

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FLORIDA
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**LLC REGISTERED AGENT CHANGE
 FREEZEFLORIDA, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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JUL 19 2022

T. LEMIEUX

**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:	FreezeFlorida, LLC
2. (a) Principal office address of limited liability company <i>(Note: MUST BE STREET ADDRESS)</i>	(b) Mailing address of limited liability company <i>(Note: MAY BE POST OFFICE BOX)</i>
224 N. Woodland Blvd., Deland, Florida, USA, 32720	224 N. Woodland Blvd., Deland, Florida, USA, 32720
11-24-2020	1.20000370916
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State CHESTNUT BUSINESS SERVICES, LLC	
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> 911 CHESTNUT STREET	
CLEARWATER, FL 33756	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>	
LEGALINC CORPORATE SERVICES INC.	
<u>NEW Registered Office Address</u> 5237 SUMMERLIN COMMONS BLVD. SUITE 400	
FORT MYERS, FL 33907	

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DEPARTMENT
OF STATE
REGISTRATION

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.

Japrian Ehret

Signature of a member or authorized representative of a member

Japrian Ehret

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 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.

Wesley D. Dorn

Signature of Registered Agent

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