L24000078892

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COVER LETTER

White Ice Holdings LLC	
SUBJECT: Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
<u>-</u>	
Please return all correspondence concerning this matter to	o die tollowing.
S. Scott Critzer	
Name of Person	
The Critzer Law Firm PA	
Firm/Company	
374 Calle Escada	
Address	_
C - D - D - D - D - D - D - D - D - D -	
Santa Rosa Beach Fl 32459 City/State and Zip Code	
scott@critzerlaw.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
Scott Critzer 850	
Name of Person	Area Code & Daytime Telephone Number
Name of Person	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Unitioned by a flictuing the following amount	
Elifibated is a fritty for the ionoming amount	☐ \$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.

i. N	ame of the limited liability company: WHITE ICE HOI	LDING	S I.L.	C	
2. (a)	•		(b) _	•	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°)_	Min	iling address of limited liability company. Note: MAY BE POST OFFICE BON
	132 E. CARSON BLVD		1	32 E. CARS	SON BLVD
	CHARLOTTE NC 28203			HARLOTT	E NC 28203
	02/13/2024			l	.24000078892
3.	Date of filing/registration in Florida	4.		D	ocument number
5. (a)	JAMES S. BURTON				•
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			pt. of State:	22
	23 SEAPOINTE LN				
	SANTA ROSA BEACH , FL	32459			2071-0CT-4
(b)	THE CRITZER LAW FIRM PA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Replatered</u>	Office :	nddre	<u></u>	PH 1: 66
	NEW Registered Office Address:				
	12889 US HWY 98W STE 110A				
change agent	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	registe ability (e Sta red c	office and to sany, it is h	he business office of the registered ereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the li	mite	d liability o	ompany or as otherwise provided in
(, ,,,,,		ES SCOTT BURTON
Sign	nure of a member or authorized representative of a member			P	rinted or typed name of signee
provis the ob- to mer notifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as negistered agent as provided by reflect a charge in the jegistered office address, I is a writing of this plants. The CATE	perfori d for in hereby	nanc Cha confi	re of my du opter 605, l irm that the	ties, and I am familiar with this decept S. Or, if this document is being filed limited liability company has been
	Division of Corporations P.O. 1	Box 63	27∙	Tallahasso	e, FL 32314

FILING FEE: \$25.00