179403

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OCT 3 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AVALANCHE IC	CE, INC.		
DOCUMENT NUM				
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	PATRICK BARGER			
		Name of Contact Perso	n	
	AVALANCHE ICE			
		Firm/ Company		
	3230 KLINE RD			
		Address		
	JACKSONVILLE FL 32246			
		City/ State and Zip Cod	le	
PAT	RICK@BGREFRIGERTION.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
	•			
For further information	n concerning this matter, pleas	se call:		
PATRICK BARGER		at (620-0081	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Idment Section In of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept.	of State)
L79403		
(Document Numbe	r of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis <i>Florida Profit Corporation</i> add	opts the following amendment(s)
. If amending name, enter the new name of the corporation:		
W/A		The new
ame must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of cord "chartered," "professional association," or the abbreviation	r "Co". A professional corporal	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable:	_ iN/A	****
Principal office address <u>MUST BE A STREET ADDRESS</u>)		2015
		00 NET
		- CO 324 C
Enter new mailing address, if applicable:	wln	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	14 / 15	
		<u>2</u>
		<u> </u>
. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name	e of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent NA		
1 "	<u> </u>	. .
(Florida	street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Age	ent:	of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	PD	ROBERT L GOMEZ	3230 KLINE RD
Add			JACKSONVILLE FL 32246
x Remove			
2) Change	PD	PATRICK T BARGER	3230 KLINE RD
X Add			JACKSONVILLE FL 32246
Remove			
3) Change	S	STEPHANEY F STRAHAN	3230 KLINE RD
X Add			JACKSONVILLE FL 32246
Remove			
			
4) Change			
Add		•	<u></u>
Remove			
5) Change			,
Add			
Remove			
6) Change			
Add			
Remove			

	<u>.</u> .
,	
	<u> </u>
lation of issued shares, mendment itself:	

The date of each amendment(s) adoption: 8/1/2015	, if other than the
Effective date if applicable:	,
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	err work h.
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/1/20/5	
Signature (By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ROBERT L GOMEZ	
(Typed or printed name of person signing)	 -
PRESIDENT/DIRECTOR	

(Title of person signing)