Stephen MOOOOOOON874 Neal & Requestr's Name pic 150 Fourth Ave. North, Site 2000 Address

Mashville, Th 3219-2498
City/State/Zip Phone #

400004769624---6 -01/11/02--01050--020 ****285.00 *****25.00

Examiner's Initials

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #) OS O
(Corporation Name) Walk in Pick up time	(Document #)
Mail out Will wait	Photocopy Certificate of Status &
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Other .

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of	of Fioriaa.			-	-	•		
1. The name of the limited	liability company i	is: <u>Ice</u>	Cream Ve	ntures, LL	<u>C</u>		·	
2. The mailing address of t	he limited liability	company is	: <u>1543</u>	8 North Fl	orida A	venue,	·	
Suite 200, Tampa, F	L 33613						<u>·</u>	
September 14, 2000			моо	000001874				
3. Date of filing/registratio		4 2		ument numbe	r			٠
5. The name of the registere Florida Department of St	ed agent and the re	gistered off	ice address	as shown on	he <u>rec</u> ord	s of the		
•	CT Corporation	n System			_			
-		Name		- 45 - 1-				
_	1200 South Pi	iπe Islan	d Road			Z≅	9	
	Diametria. Y	Address				ECR	ر 2	-
	Plantation, F	TL 33324 ity, State an		<u> </u>				
		-				SS	_	7
6. The name and address o	f the new registered	d agent and	or office: _	· · · · · · · · · · · · · · · · · · ·	-	EE, F	02 JAN II PM	.ED
	Edward Murans	skv					ç ಪ	
-		Name			*	STATE		
_	15438 North E					DA.	တ	
	Florida street add	lress (P.O. I	3ox NOT ac	cceptable)				
	Tampa,	FL	33613					
	Cit	y, State and	l Zip					
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes ar the registered agen eby confirmed that	te made, the t will be ide the change	e Florida stre entical. Or, (s) was/wer	eet address of in the case of e authorized l	tne regisi a Florida ov an affir	ered officient limited mative v	ote of	• •
The Me	7		* 45. F			÷	-, <i>≱</i> .	
(Signature of a member or authori	zed representative of a m	nember)						
Edward Muransky, P:	resident and C	hief Mana	ger					
(Printed or typed name of signee)		·			-	* .		
I hereby accept the appoing the comply with the provision and Lam familiar with an Chapter, 608, F.S. Or, if the address. I hereby confirm	ntment as registere s of all statutes rel d accept the obliga his dogument is be that the limited lic	ed agent an lative to the itions of my ing filed to ibility comi	d agree to a proper and position as merely refle any has bee	ct in this cape complete per registered as ect a change i en notified in	icity. I fut formance rent as pro in the regi writing of	rther agr of my du ovided fo stered of this char	ree to sties, r in fice nge.	

FILING FEE: \$25.00

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

INHS18(10/99)

(Signature of Registered Agent)