M0000000 1874

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		1/15 21/8
<u> </u>	Office Use O	<u> </u>



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D3 JAN 15 PM 1: 07

RECEIVES 03 JM 15 MH: 54 DIVISION OF CONFORTION the sale

CSC

ACCOUNT NO. : 072100000032

REFERENCE: 867387 4345310

AUTHORIZATION :

COST LIMIT : \$ 25.00 alucia your

ORDER DATE: December 20, 2002

ORDER TIME : 8:01 AM

ORDER NO. : 867387-050

CUSTOMER NO: 4345310

CUSTOMER: Ms. Deborah Zahar

Debartolo Property Group, Llc Suite 300, 100 Debartolo Place

Southwoods Exec.ctr

Youngstown, OH 445136085

D3 JAN 15 PM 1: 0

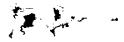
CHANGE OF AGENT

NAME: ICE CREAM VENTURES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi



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.

34,, 0,				
1. The name of the limited	d liability company is: <u>I</u>	CE CREAM VE	NTURES, LLC	
2. The mailing address of	the limited liability comp	oany is :		
15438 North Florida	Avenue, Suite 200,	Tampa, Flor	rida 33613	
September 14, 2000	·	_мо	0000001874	
3. Date of filing/registrati	on in Florida	4. I	Document num	ber
5. The name of the registe Florida Department of S		ed office addr	ess as shown o	n the records of the
	Edward	Muransk <u>y</u>		
	N	lame		
	15438 North Flor	rida Ave, Su	ite 200	: '
		ldress		7
Tampa, FL 33613 City, State and Zip				
	City, Su	ate and Lip		\$ 3.4 \$
6. The name and address of	of the new registered agen	nt and/or office	e:	AS AN
	Corporation S	Service Comp	any	SER 3
	Na			
	1201 Нау	s Street	·	50 F M
	Florida street address (I	P.O. Box NO T	Γacceptable)	1:07 TO
	Tallahassee [FL 3	32301	
	City, Stat	te and Zip		
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the operation of	nange or changes are made the registered agent will be reby confirmed that the characteristic distribution of a set of the limited liability company or as a set of the limited liability company or as a set of the limited liability company or as a set of the limited liability company of the liability	e, the Florida she identical. Change(s) was/wotherwise propany.	street address of Dr, in the case of vere authorized vided in the art	of the registered office of a Florida limited by an affirmative vote of icles of organization or
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered agents of all statutes relative to a comment is being file that the limited liability of the comment is being file that the limited liability of the comment is the limited liability of the liabilit	nt and agree to the proper as of my position red to merely recompany has b	o act in this cap nd complete pe as registered a eflect a change been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)