

Nashville, Th 37219-2498 City/State/Zip Phone #

500004769626----01/11/02--01050--020 *****285.00 ******25.00

Office Use Only

Examiner's Initials

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

1			
(Corporation Name)		(Document #)	•
2			
(Corporation Name)		(Document #)	
		TALL SE SE	- :
3. (Corporation Name)		(Document #)	
		NASS	
4(Co	orporation Name)	(Document #)	FIED
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Walk in	Pick up time _	Certified Copy	
☐ Mail out	Will wait	Photocopy Certificate of Status	
NEW FILINGS		<u>AMENDMENTS</u>	
☐ Profit		Amendment	
Not for Profit		Resignation of R.A., Officer/Director	
☐ Limited Liability ☐ Domestication		Change of Registered Agent Dissolution/Withdrawal	
Other		☐ Merger	
OTHER FILING	<u>GS</u>	REGISTRATION/QUALIFICATION	
☐ Annual Report		☐ Foreign	
☐ Fictitious Na		Limited Partnership	 -
		Reinstatement Trademark	
		Other	

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.

1. The name of the limited liability com	npany is: Ice Cream Ventures Real	ty, LLC .		
2. The mailing address of the limited lia	ability company is: 15438 North Flo	rida Avenue,		
Suite 200, Tampa, FL 33613		-		
May 16, 2001	M01000001098			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on th	e records of the		
•	ration System			
	Name	_		
1200 Sou	th Pine Island Road	Z~ o		
<u> 1200 boa</u>	Address	SEC 22		
Plantati	on, FL 33324	AR F		
	City, State and Zip	*		
Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office:				
Edward Muransky				
	Name			
15438 No	rth Florida Avenue, Suite 200			
Florida stre	eet address (P.O. Box NOT acceptable)			
Tampa,	FL 33613			
	City, State and Zip			
confirmed that after the change or char and the business office of the registered liability company, it is hereby confirmed the members of the limited liability con the operating agreement of the limited	organized under the laws of the State of Floringes are made, the Florida street address of the agent will be identical. Or, in the case of a ed that the change(s) was/were authorized by mpany or as otherwise provided in the article liability company.	ne registered office Florida limited an affirmative vote of		
(Signature of a member or authorized representative	ve of a member)			
Edward Muransky, President a	and Chief Manager	THE A		
(Printed or typed name of signee)	_			
I hereby accept the appointment as re comply with the provisions of all statu and I am familiar with and accept the Chapter 508, F.S. Or, if this documen address, I hereby confirm that the limit	rgistered agent and agree to act in this capac ties relative to the proper and complete perfo obligations of my position as registered age at is being filed to merely reflect a change in ited liability company has been notified in wi	ity. I further agree to rmance of my duties, at as provided for in the registered office riting of this change.		
(Signature of Registered Agent)	· / / / / / / / / / / / / / / / / / / /	· _ •		

FILING FEE: \$25.00

INHS18(10/99)