## 13000000068

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DATE:

9/18/14

NAME: TWICE THE ICE HOLDINGS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: TWICE TI	HE ICE HOLDINGS, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		TALL TALL
(Noie: MUST BE STREET ADDRESS)	New York, NY 10020	200
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Rockefeller Plaza	ARY U
THE MALE BET OF THE BOTY	New York, NY 10020	= 70
January 3, 2013	M1300000068	ORIDA 22
3. Date of filing/registration in Florida	4. Document number	2. A
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of S	State:
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or in <u>NEW</u> Registered Agent:	National Corporate Research, Ltd	., Inc.
NEW Registered Agent:	National Corporate Research, Ltd	., Inc.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	
MOST DE LEGRICA STREET ADDRESS	Tallahassee ,FL	32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registere dentical. Or, in the case of a Florida lir re(s) was/were authorized by an affirma	ed office nited ative vote of
Printed or typed name of signee	and the same of th	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am father with and accept the obligations of m Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compared Registered Agent Lucy Rose, Assistant Secre		er agree to my duties, ded for in red office s change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)