Requester's Name DODOOO 628

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401 CHANNELSIDE DRIVE TAMPA. FLORIDA 33602	• •	Office Use Only
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<i></i>	AMENDMENTS Amendment	A., Officer/Director Stered Agent
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Examiner's Initials.

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 5, 2000

ICE PALACE 401 CHANNELSIDE DR TAMPA, FL 33602

SUBJECT: CENTER ICE OF TAMPA, L.L.C.

Ref. Number: M99000000628

We have received your document for CENTER ICE OF TAMPA, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 700A00037322

ORETARY OF STA

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 limite	d liability company is	: <u>Center Ic</u>	e, L.L.C.		
2. The mailing address of				ive	
			a, FL 33602	<u> </u>	
2/26/99		, .	м99000000628		
3. Date of filing/registrat	ion in Florida		4. Document nun	nber	
5. The name of the register Florida Department of	ered agent and the regi	istered office ad	dress as shown o	n the records of the	
		Name	, ATTN: Larry	7 Smith	
	Suite 3700 Ba			A1 1	
	101 E. Kenned Tampa, FL 33	<u>ly^Bit₩</u> ₫\$° 8602			
	City	, State and Zip			
6. The name and address	of the new registered	agent and/or off	īce:		
	Hugh Lombardi	·	<u> </u>		
		Name			
	401 Channelsi		OT assentable)		
Florida street address (P.O. Box NOT acceptable)					
	Tampa	FL	33602	e e e Notation de la fill de la company	
	City,	, State and Zip			
comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	change or changes are f the registered agent vereby confirmed that the mited liability comparant of the limited liabil Entertairment. It orized representative of a me Executive Vice Presentative of all statutes relating accept the obligation that the limited liabil and accept the limited liability of the limited liability.	made, the Florical will be identical he change(s) wany or as otherwility company. ember) esident agent and agreive to the properous of my positive for the properous of the p	e to act in this case or and complete per or act in this case or act in this case or and complete per or as registered or reflect a change as been notified in	of a Florida limited d by an affirmative vote e articles of organization ALL ALL PRICE PR	
Hugh Lombardi Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18(10/99)