P05000030478

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
AND A SECRETARY OF STATE

B.A.

Brown

H3-12

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT:	Aycold Fres	sh Inc				
	Name of Co.	rporation				
DOCUMENT NUMBER	R:P050	00030478				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Hagai Lerer						
Name of Contact Person						
· · · · ·	Ayco Farms Inc Firm/Company					
	1 IIII Ooi	-p.m.,				
	730 S Powerline	Road, Suite G				
Address						
	_ Deerfield Beacl	n, FL 33442				
	City/State and	Zip Code				
legal@aycofarms.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	gai Lerer	at (954) 571-7600 Area Code & Daytime Telephone Number				
Name of C	Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 chec	k made payable to the Departm	ent of State.				
Ď	Iailing Address:	Street Address:				
	mendment Section Division of Corporations	Amendment Section Division of Corporations				
1	vivigion of Corborations	Division of Corborations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2011

HAGAL LERER AYCO FARMS INC 730 S POWERLINE RD STE G DEERFIELD BEACH, FL 33442

SUBJECT: AYCOLD FRESH, INC. Ref. Number: P05000030478

We have received your document for AYCOLD FRESH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6925.

Letter Number: 211A00028245

Teresa Brown Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 61 ange is submitted for a corporation der to change its registered office or t	organized under the laws of the	State of Florida
1. The name of	the corporation: Aycold Fresh	,Inc.	
2. The principa	l office address: 730 S Powerline	Road, Suite G, Deerfiel	d Beach, FL 33442
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 02/25/2	2005 Document number:	P05000030478
	d street address of the current register rtment of State: (If resigned, enter re		on file with the
	Goldman, Robert E. Esq.		
	1 EAST BROWARD BLVD,	Suite 700	
	Fort Lauderdale, FL 33301		
6. The name an (if changed):	d street address of the new registered	l agent (if changed) and /or regi	C C A
	Shinder, Lance W. Esq.		AN 13
	398 Camino Gardens Blvd,	Suite 109 ox NOT acceptable	
	Boca Raton, FL 33432	n NOT acceptable	STATE ORIDA
The street addras changed will	ess of its registered office and the s	treet address of the business o	ffice of its registered agent,
Such change was authorized by the	as authorized by resolution duly ad he board, or the corporation has be	opted by its board of directors on notified in writing of the ch	or by an officer so ange.
Signatu	re of an office of director	Printed or typed	name and title
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment as registered age to comply with the provisions of all ad I am familiar with and accept the ing filed narely to reflect a change s been notified in writing of this cha	nt and agree to act in this cape statutes relative to the proper obligation of my position as in the registered office addres ange.	acity. r and complete performance registered agent. Or, if this s, I hereby confirm that the
	M_		5/2011
~	half of an entity:	Date	e
Т	yped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *