P0700075742

(Red	questor's Name) 🕠				
(Add	dress)				
(Add	dress)	 			
(City	y/State/Zip/Phone #	7)			
PICK-UP	WAIT .	MAIL			
(Bus	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to I	Filing Officer:				
·					



800110157428

10/10/07--01004--005 ++35.00

2007 OCT 10 AM 9: 10
SECRETARY OF STATE
ALLASSEFF, FLORIDA

RA Addings of man

Office Use Only

11/5/1

COVER LETTER

Division of Corporations							
SUBJECT: Softy Cream Inc (Name of Corporation)							
DOCUMENT NUMBER: P07000075742							
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:							
Name of Contact Person)							
(Firm/Company)							
777 W. Lancoster Rd D59 (Address)							
ORIANDO FI. 32809 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Name of Contact Person) at (407) 8515597 (Area Code & Daytime Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Cliffon Building							

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation or r to change its registered office or r	organized under th	e laws of the St	tate of Flo	<u>saide</u>	•
1. The name of t	he corporation: Softy	Cream	Inc.			
2. The principal	office address: 7559 Son	rd Lake	Pointe a	Lap #z	<u>03</u>	
	ORLANDO	村. 3280°	7			
3. The mailing a	ddress (if different):			-		
4. Date of incorp	poration/qualification: 07-01-	-07 Docum	ent number:	P-0700	0007	5742
	I street address of the current register them to f State: Rosa L 7	ered agent and regined in the Point		n file with the		
	N.203		·			
	ORLANDO FI.	32809		TĂLL	2007 0	-13
6. The name and (if changed):	1 street address of the new registered 777 W. Lancast Oclands 77. (P.O. Box NOT acc	er Pol 32809	and /or regist	ered office SEE, FLURIUF	RETARY OF STATE	TLED
The street addreas changed will	ess of its registered office and the be identical.	street address of the	ne business off	fice of its regi	stered ager	nt,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its boar een notified in wri	d of directors of the cha	or by an officinge.	er so	
Molte	li Hernandez ure of an officer or director)	HaU_	Alie H	ernande rille)	3-Pres	ident
I further agree of my duties, ar document is be	the appointment as registered ag to comply with the provisions of a tod I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this co	ell statutes relative he obligation of m e in the registered	to the proper	and complete	performar nt. Or, if t nfirm that t	ice his he
(Si	gnature of Registered Agent)		(Date	:)		-
If signing on be	ehalf of an entity:			•		
	Typed or Printed Name)	-				

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