## PMD00112495

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	Ļ
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700275774137

08/06/15--01033--005 \*\*35.00

SECRETARY UT STATE

AUG 10 2015

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Interactive Children Education and Entertainment Name of Corporation
DOCUMENT NUMBER: PO 7000 112 695
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:
Cynthia Shogreen  Name of Contact Person
ICEE COSP Firm/Company
2138 NW Flagler Let #4
Miami FL 33/25 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
Cynthia Shogre of at (786) 362 1211  Name of Contact Person at (786) 362 1211  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section
Division of Corporations  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of +1000c in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Interactive Children Education and entertainme 2. The principal office address: 21 38 NW Flagler ter HU Migm; FC 33/25
2. The principal office address: 21 38 NW Flagker ter #4 Migm; FC 33/25
3. The mailing address (if different):
4. Date of incorporation/qualification: 1012 67 Document number: PO 7000112 695
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Cynthia Shogreen
2138 NW Flagler ter Apt 4
Miami FL 33125
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cynthia Shogreen
2140 W Flagler Street #110
Miami FL 33135
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the loard, or the corporation has been notified in writing of the change.
Signature of an officer of director  Signature of an officer of director  Signature of an officer of director  Printed or upped name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date  If signing on hehalf of an entity:
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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