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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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S. TALLENT

MAR 21 2017

R/A-GH

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Express Ice Inc
Name of Corporation

DOCUMENT NUMBER: P14000014805

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:

Makarua Brown
Name of Contact Person

Express Ice
Firm/Company

18520 NW 6TH AVE
Address

Hialeah FL 33015
City/State and Zip Code

expressice79@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Makarua Brown at 305, 417-0661
Name of Contact Person 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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Miami Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Express Ice, Inc.
2. The principal office address: 18520 NW 67th Ave
Hialeah, FL 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/6/2014 Document number: 714000014805

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)

Makarova Brown
14015 NW 27th Pl
Miami Gardens, FL 33054

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Makarova Brown
18520 NW 67th Ave Suite 364
Hialeah, FL 33015

P.O. Box NOT acceptable

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 board, or the corporation has been notified in writing of the change.

[Signature] Makarova Brown President
Signature of an officer or director Printed or typed 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] 3/13/17
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA