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SUCRUTARY OF STATE OF STATE OF

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Arctic Express Ice Croam Inc DOCUMENT NUMBER: P16000030749				
The enclosed Articles of Amenda	ment and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
Ka P 	Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Firm/ Company Address Palm Coast, Pl City/ State and Zip Contact Ceicecreamine Cap	cream n 32104 mai 1 com		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rolph A Name of Contact	Person at (4)7	ode & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	3.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

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

Articles of Amendment to

Articles of Incorporation

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Λ	of	JIVIŠION OF CORPORALION
Hyotic Expr	ess Ice (rec	am Ingoir Aug 21. AM 8: 3
(Name of Corpor	ation as currently filed with the	e Florida Dept. of State)
P140000	30749	
(Doc	ument Number of Corporation (i	if known)
rsuant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this Florida Profit	Corporation adopts the following amendment
If amending name, enter the new name of the	corporation:	
		The new
me must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	rp," "Inc," or "Co". A profes	
Enter new principal office address, if applical rincipal office address <u>MUST BE A STREET A</u>		
mcqui office autress most BEASTREET A.	DDRESS)	5 Sr. S.
		16 of
		2 0
Enter new mailing address, if applicable:	2025	
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u> </u>	
		<u></u> 5
		_
If amending the registered agent and/or registered agent and/or the new registered		, enter the name of the
	a onice nauressi	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing R	egistered Agent:	
ereby accept the appointment as registered agen	. I am familiar with and accept	the obligations of the position.
	 	
Si	gnature of New Registered Agen	t, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>V</u>		Parker, Benjamin T	14 Sederholm Path
Add				Ialm Coast, Fl
Remove				32164
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets; if necessary).	(Be specific)

н	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	if other than the
date this document was signed.	,	SECRETARY OF STATE
Effective date if applicable:		A TABLET OF CONTENT OF
	(no more than 90 days after amendment file date)	2016 AUG 24 AM 8: 3
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendation of the sproval.	nent(s)
	roved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s)	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,"	
-, 	(voting group)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and share pted by the incorporators without shareholder action and sharehold	
action was not required.		
Dated	12-16	
Signature /	when A tuerd	
8	rector, president or other officer - if directors or officers have not	been
	1, by an incorporator - if in the hands of a receiver, trustee, or other	r court
appoint	ed fiduciary by that fiduciary)	
	Katherine L Atucod	
	(Typed or printed name of person signing)	
	S,T	
	(Title of person signing)	