## P96000041445

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



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## COVER LETTER

| TO: Amendment Section   |
|---|
| SUBJECT:  The Ice Factory of Central Florida, Inc  Name of Corporation                        |
| DOCUMENT NUMBER: P96000041445   |
| 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:                     |
| Gourav N Mukherjee  |
| Name of Contact Person Gourav N Mukherjee Attorney at Law, PA                                 |
| Firm/Company 37 N Orange Ave Suite 500  |
| Address<br>Orlando, FL 32801  |
| City/State and Zip Code gourav@gnmlaw.com   |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| Gourav Mukherjee 407 749-0669<br>at ( )   |
| 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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FI. 32303

CR2E045 (04/13)

## DocuSign Envelope ID: 74442DD9-6F29-4F5E-BD51-924DE866C174 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch                     | ange is submitted for a corporat   | 2, 617.0502, 607.1508, or 617.1508. Florida Statutes, a tion organized under the laws of the State of Floring  | ihis<br>, du                       |
|-------------------------------------|--|--|------------------------------------|
|                                     |  | e or registered agent, or both, in the State of Florida.  Ty of Central Florida, Inc.  |                                    |
| 2. The principal Kissimmee FL.      | office address:  |  |                                    |
| 3. The mailing a                    | address (if different):  |  |                                    |
|                                     | 05/10/19<br>poration/qualification:                                      | 996 P96000041445  Document number:   | <u> </u>                           |
| 5. The name and Florida Depart      | d street address of the current re<br>rtment of State: (If resigned, ent | gistered agent and registered office on 6th with at  |                                    |
|                                     | Gary Salzman   | •  |                                    |
|                                     | 301 East Pine Street Suite 1400  |  |                                    |
|                                     | Orlando, Fl 32801  |  |                                    |
| 6. The name and (if changed):       | street address of the new regist   | tered agent (if changed) and /or registered office   | 2020 JUN 29                        |
|                                     | Gary Salzman   |  | 29                                 |
|                                     | 111 N. Orange Avenue Suite 200   | 00   | PH                                 |
|                                     | Orlando, Fl 32801  | P.O. Box NOT acceptable  | ب <u>ہ</u><br>20                   |
| The street address see changed will | ss of its registered office and the identical.                           | he street address of the business office of its registere  | ed agent,                          |
| outhorized by the                   | e board, or the corporation has  | adopted by its board of directors or by an officer so been notified in writing of the change.  |                                    |
| Signifun                            | of an other or director  | Gouray Mukherjee, Director   |                                    |
|                                     |  | Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete perfect the obligation of my pasition as registered agent. One in the registered office address, I hereby confirm change. | ormance<br>)r, if this<br>that the |
| - 4                                 | Ary Saleguata  But of Registered Agent                                   | 6/24/2020  |                                    |
| signing on beh                      |  | Date   | <del></del> -                      |
| Тур                                 | ed 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 CR2E045 (04/13)