

P97000022678

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March 31, 1997

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314


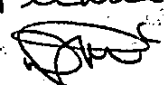
RE: Bellson Ice Cream Company  
Ref. Number P97000022678

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-04/04/97--01047--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Gentlemen:

Enclosed you will find a Statement of Change of Registered Office and Registered Agent to be filed. Please return a marked "Filed" copy to this office. Thank you.

Sincerely,

  
Robert T. Feldman 

RTF/djm

encs

FILED  
97 APR -4 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SH 4/8  
RA Ch.

Charter No. \_\_\_\_\_

Date Filed \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

BELLSON ICE CREAM COMPANY

2. The name and address of its present registered agent is:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MARCEA M PETERSON

1207 UNITED STREET, KEY WEST, FLA.

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature \_\_\_\_\_

(President or Vice President)

Date \_\_\_\_\_

3-18-97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name MARCEA M. PETERSON

Signature \_\_\_\_\_

(Agent)

Date \_\_\_\_\_

3-18-97