

P98000104235

Requester's Name

City/S

Sculptured ICE

757 S.E. 17th St., Suite 385
Ft. Lauderdale, FL 33316

800003193888--1
-04/03/00-01125-014
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Chg.

W. SHEPARD APR 12 2000

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT

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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:

Sculptured Ice, Inc.

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

David E. Fulcher
461 Mill Springs Lane
Plantation, Florida 33311

3. The name and address to which its registered agent is to be changes is:

David Berman
* SCULPTURED ICE
* 757 S.E. 17th ST.
* FT. LAUDERDALE, FLORIDA 33316

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 author-ized by the board of directors.

* Sign [Signature]
David Berman, President/Director

Date: March 2, 1999

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: David Berman

* Signature [Signature]

Date: March 2, 1999

Division of Corporations, FILING FEE \$35, P.O. Box 6327, Tallahassee, Fl. 32314