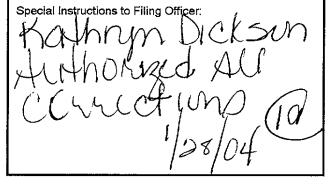
P99000058540

•	
(Requestor's Name)	
(Address)	—
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	7, 9
SUBJECT: Ice Cold Air Operations, Inc.	bmitted for filing.
(Name of corporation)	No.
DOCUMENT NUMBER: P99000058540	
The enclosed Statement of Change of Registered Office/Agent and fee are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Kathy Dickson	
(Name of person)	
Ice Cold Air Operations, Inc. (Name of firm/company)	
(
28050 US Highway 19 North, Suite 310	
(Address)	
Clearwater, Florida 33761	
(City/state and zip code)	
For further information concerning this matter, please call:	
Kathy Dickson at (727	726-2577 code & daytime telephone number)
(Name of person) (Area	code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Str	eet Address:
Amendment Section Am Division of Corporations Div P.O. Box 6327 409	endment Section ision of Corporations
P.O. Box 6327 409 Tallahassee, FL 32314 Tall	ision of Corporations E. Gaines Street lahassee, FL 32399

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F	-
=	itted for a corporation organized under the laws of the State of Flori	dain order
to change its reg	gistered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Ice Cold Air Operations, Inc.	
2. The principal	I office address: 28050 US Highway 19 North, Suite 310	· · · · · · · · · · · · · · · · · · ·
	Clearwater, Florida 33761	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 235 99 Document number: P	99000058540
	d street address of the current registered agent and registered office on urtment of State:	file with the
	E. Kathryn Dickson (Registered ag	ent)
	1196 Court Street	
	Clearwater, Florida 33756	ALL JA
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registe	gent)
	E. Kathryn Dickson (Registered a	gent)
	28050 US Highway 19 North, Suite 310	CRADE TO
	(P.O. Box or personal mailbox NOT acceptable)	
	Clearwater, Florida 33761	· ·
The street addrechanged will be	ress of its registered office and the street address of the business office identical.	ce of its registered agent, as
Such change w the board, or th	vas authorized by resolution duly adopted by its board of directors one corporation has been notified in writing of the change.	r by an officer so authorized by
8	ALL See Kethy Dickson)	Vesident Treasurer
-	Signature of an office of director) (Printed	or typed name and title)
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as registered agent and agree to act in this capac to comply with the provisions of all statutes relative to the proper a m familiar with and accept the obligation of my position as register rely to reflect a change in the registered office address, I hereby com n writing of this change.	ity, and complete performance of my ed agent. Or, if this document is firm that the corporation has
EU	(Signature of Registered Agent)	14/04 (Date)
If signing on be	ehalf of an entity:	•
6	elo in man pro	21
	(Typed or Printed Name)	(Canacity)

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