

P99000058540

(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:

Office Use Only



200239473592

09/20/12--01020--001 **245.00

9/24/12 RW
R/A Chg

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 SEP 20 PM 4:08

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered 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 office address: 380 - 34TH STREET N, SUITE A
ST PETERSBURG, FL 33713
3. The mailing address (if different): P.O. BOX 16447
ST PETERSBURG, FL 33733
4. Date of incorporation/qualification: 06/25/1999 Document number: P99000058540
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CARY ROSS

6987 E. FOWLER AVE

TAMPA, FL 33617

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RICK W SADORF

1744 N BELCHER ROAD, SUITE 150

P.O. Box NOT acceptable

CLEARWATER, FL 33765

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 SEP 20 PM 4: 08

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathy Redmond, pres
Signature of an officer or director

KATHY REDMOND

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rick W Sadorf
Signature of Registered Agent

8/22/2012

Date

If signing on behalf of an entity:

RICK W SADORF

Typed 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