

ACCOUNT NO. : \_\_072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: January 29, 2001

ORDER TIME : 9:43 AM

ORDER NO. = 981284-010

CUSTOMER NO: 131022B

CUSTOMER: Ms. Roxanne Brotherton

Charles E. Smith Companies

P.o. Box 987

800003617318--7

Abington, MD 21009

## CHANGE OF AGENT

NAME: AIRCOND CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## 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 617.15 the undersigned corporation organized under the laws of the State of $_{ t Georgia}$	08, Florida Statutes,
submits the following statement in order to change its registered office or register the State of Florida.	red agent, or both, in
1. The name of the corporation is: AIRCOND CORPORATION	
2. The mailing address of the corporation is: 400 Lake Ridge Drive S.E., Smyrr	na, GA 30082-5236
3. Date of incorporation/qualification: September 20, 1978 Document number	r: <u>841469</u>
4. The name and address of the current registered agent and office:	O1 SEC
CT Corporation System	
1200 S. Pine Islalnd Road	
Plantation, FL 33324	
5. The name and address of the new registered agent and office: (P. O. Box Not Ac	cceptable)
Corporation Service Company	
1201 Hays Street	<del></del>
Tallahassee, Florida 32301	<del></del> -
The street address of its registered office and the street address of the business of agent, as changed, will be identical.	
Such charge was authorized by resolution duly adopted by its board of directors authorized by the band.	or by an officer so
1 Halash Claranel	17-01
(Signature okan officer, chairman or vice chairman of the board)	(Date)
Robert D. Zimet, Secretary	.±
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for the abcorporation, I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to the proper apperformance of my duties, and I am familiar with and accept the obligation of my pregistered agent.	nd complete
By: (Signature of Period a cent) - January 30. (Date)	2001
If signing on behalf of an entity:	
Carol K. Dolor, Asst. Vice President	
(Typed or Printed Name) (Capaci	ity)
* * * FILING FEE: \$35.00 * * *	