F0000000198

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ARY OF STATE





FILING REQUEST

November 14, 2003

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

ALTA REFRIGERATION, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #13094 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

change is submi	itted for a corporation organized under t		this statement ofin order
to change its res	gistered office or registered agent, or bo	th, in the State of Florida.	
1. The name of	the corporation: ALTA Refrigeration,	Inc.	
2. The principal	office address: 403 Dividend Drive, P	eachtree City, GA 30269	<u> </u>
3. The mailing a	address (if different):		
			·
4. Date of incorp	poration/qualification: 1/7/2000	Document number: F0000000198	
	d street address of the current registered artment of State:	agent and registered office on file with the	
	CT Corporation System		_
	1200 South Pine Island Road		Tp. 03
	Plantation, FL 33324		LA SOL
	x latitudities, x 2 0 0 0 b 1		至20日
The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	O3 NOV 20 PH
	NRAI Services, Inc.		- 유
	526 E. Park Avenue		DA ST
	(P.O. Box or personal	mailbox NOT acceptable)	-
	Tallahassee, FL 32301		
		t address of the business office of its registe	
Such change withe board or th	as authorized by resolution duly adopte e corporation has been notified in writi	ed by its board of directors or by an officer sing of the change.	so authorized by
Mu	UK Ohilda	Terry R. Childers, President	
•	Signature of an officer of director)	(Printed or typed name and to	•
I neredy accept I further agree duties, and I an being filed mer been notified in	the appointment as registered agent a to comply with the provisions of all sta n familiar with and accept the obligation ely to reflect a change in the registered writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete pe on of my position as registered agent. Or, ij d office address, I hereby confirm that the co	rformance of my this document is orporation has
NRAI Services	i, too	11/14/200	
by: Z	(Signature of Registered Agent)	(Date)	-
If signing on be	chalf of an entity:		
Jackie Sorman	n	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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