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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Advantage Air	Conditioning of Indian River LL Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Steven P. Bohn (Name of Person)		
Advantage A/C of Indi	En River LLC	
7430 US Hwy 1		
Jero Beh FL 32 (City/State and Zip Code)	967	
For further information concerning this matter	ter, please call:	
Steven P Bohn (Name of Person)	at (777 ) 564-8540 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Advant	age Air Conditioning of Indian RiverLLC		
2. The mailing address of the limited liability company is: 1549 012 Dixie Huly.			
Vero Beach FL 32960			
03/08/2005 3. Date of filing/registration in Florida	<u>L05000023450</u> 4. Document number		
5. The name of the registered agent and the registered office Florida Department of State:			
Swanson J Name 1549 Old D: X Address Ver Bch FL City, State and Z	The Hwy O7 JUL 19 32960 Jul 19		
6. The name and address of the new registered agent and/or	man at the graph		
Steven P. Bar Name 7430 U.S. Ha Florida street address (P.O. Box	2: 26		
Vero Beach FL City, State and Zi	32967		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida street address of the registered office		
(Signature of a member or authorized representative of a member)			
Steven P 130mm (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to oer and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00