L05000023450

| (Re | questor's Name) | |
|---|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | : |
| | | 1 |
| | | |

Office Use Only



300256247573

02/03/14--01033--006 **35.00

SECRETALY OF STATE TALLAHASSEE. FLORIDA

2014 MAR -6 PM 3: 30

MAR - 7 2013 T. HAMPTON

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Advantage Air of Conditioning of Indian |
| Dear Sir or Madam: |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Steven P. Bohn Name of Person |
| Advantage Air Conditioning of Indian River, LLC |
| 9611 N. US Hwy 1 STE 290 Address |
| Sebastian Fl. 32958 City/State and Zip Code |
| Perform tech incagmant. Con E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Steven Bohn at (772) 228 - 8439 Name of Person 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 |

□ \$55 Filing Fee & Certified Copy

S25 Filing Fee Wireddy paid
INHS18 (12/13)

Enclosed is a check for the following amount:

TO: Registration Section



February 14, 2014

CALVIN CAMBRIDGE 9611 N US HWY 1 STE 290 SEBASTIAN, FL 32958

SUBJECT: ADVANTAGE AIR CONDITIONING OF INDIAN RIVER, LLC

Ref. Number: L05000023450

We have received your document for ADVANTAGE AIR CONDITIONING OF INDIAN RIVER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00003328

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: Advanta | age Air Conditioning of |
|--|--|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | an kiver, LC |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 9611 N.US Hwy I Stc 290 Sebastian Fr. 30958 |
| 06 7 2013 3. Date of filing/registration in Florida | L0500023460 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Michael Calvit, Esq |
| Registered Office Address: | 650 Azalea In Vero Beach fl 32963 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Oteven P. Bohn 9411 N. US Hury I Ste 290 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and of the limited liability company. | lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by a affirmative vote of ise provided in the articles of office manization or |
| I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pr | oper and complete performance of my duties, |

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent