L06000116508

(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:	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(requestors Name)		
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Office Use Only



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2010 FEB 25 AM 19: 58
SECRETARY OF STATE

C. LEWIS

Mer 1, 2310

EXAMINER

CÖVER LETTER

FO: ~ Registration Section Division of Corporations		
	Conditioning & Refrigeration, LLC.	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Yorlandy Gonzalez		
Name of Person		
Always Winter Air Conditioning & Refriger	ration,LLC.	
249 NW 12 Street Address		
Homestead FL 33030 City/State and Zip Code		
info@alwayswinter.org E-mail address: (to be used for future annual report noti	fication)	
For further information concerning this matter,	please call:	
Yorlandy Gonzalez	at (305)255-8627	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following 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. Name of the limited liability company: Always Win	ter Air Conditioning & Refrigeration		
2. (a) Principal office address of limited liability company	249 NW 12 Street		
(Note: MUST BE STREET ADDRESS)	Homestead,FL 33030		
(b) Mailing address of limited liability company:	PO Box 972514		
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33030		
12/6/2006	L06000116508		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Aslamy Delaconcepcion		
Registered Office Address:	249 NW 12 Street Homestead FL 33030 PS		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address			
NEW Registered Agent:	Yorlandy Gonzalez		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	249 NW 12 Street Homestead FL 33030 ,FL		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
115ame	<u></u>		
Signature of a member or authorized representative of a member			
Printed or typed name of signee	_		
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 Lam familiar-with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00