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SECRETARY OF STATE OIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	RAIRCON C		
	Name of Co	poration	
DOCUMENT NU	MBER: P020	00102849	
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.	
Please return all co	prrespondence concerning this matter	o the following:	
	ADALBERTO		
	Name of Cont	act Person	
RAIRCON CORP			
	Firm/Cor	npany	
	12209 NW 106	h CT Ste108	
	Addre		
	MEDLEY, FLO	RIDA 33178	
	City/State and	Zip Code	
_	RAIRCON@N	SN.COM	
E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter, please ca	II:	
ADÀ	LBERTO OLAZABAL	at (305) 885-4422	
Nar	ne of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.0	00 check made payable to the Departn	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
		Tallahassee, FL 32301	

TO:

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

statement of che	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this shange is submitted for a corporation organized under the laws of the State of FLORIDA der to change its registered office or registered agent, or both, in the State of Florida.	
1 The name of	f the corporation: RAIRCON CORP	
	al office address: 12209 NW 106th CT Ste108, MEDLEY FL 33178	
3. The mailing a	address (if different): SAME	
4. Date of incor	prporation/qualification: 09-23-2002 Document number: P02000102849	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	JAVIER FERNANDEZ	
	14957 SW 56 TERRACE, MIAMI FL 33193	
	REG. OFFICE 12209 NW 106th CT , MEDLEY FL33178	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office: ADALBERTO OLAZABAL	DIVISION OF GORPON
	ASA E AS OFFETT HAVE ALLER 20042	Q.
	ADALBERTO OLAZABAL 454 E 46 STREET, HIALEAH FL 33013 P.O. Box NOT acceptable	EOKPO:
	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	,
authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	ADALBERTO OLAZABAL (P) ture of an officer or director Printed or typed name and fittle	
I hereby agcept I further agree of my duties, an document is bel corporation ha	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the approximation of this change.	?
	4-12-2012	
,/ -	pehalf of an entity:	
Т	Typed or Printed Name * * * FILING FEE: \$35.00 * * *	
	FILLIACI FED. 453.CV	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (45 (8/05)