

P070000034270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

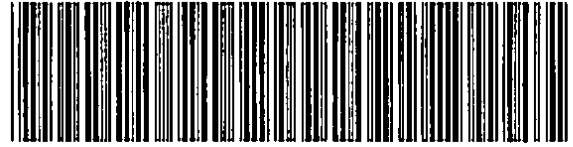
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
DEC 13 2021

Office Use Only



100376787021

11/22/21--01013--007 *\$35.00

FILED
2021 NOV 22 PM 4:06
SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLERMONT COOLING INC
Name of Corporation

DOCUMENT NUMBER: P07000034270

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Saeed Mustapha
Name of Contact Person
CLERMONT COOLING INC
Firm/Company
1883 WAKE FOREST AVENUE
Address
CLERMONT
City/State and Zip Code

clermontcoolinginc@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saeed Mustapha at (352) 223-7575
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLERMONT COOLING INC
2. The principal office address: 1883 WAKE FOREST AVE , CLERMONT, FL 34711

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/16/2007 Document number: P07000034270

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JASMINE MUSTAPHA
1883 WAKE FOREST AVE
CLERMONT , FL, 34711

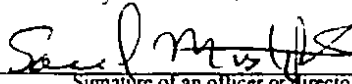
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JORGE OBANDO
5702 MANCHESTER BRIDGE DRIVE
ORLANDO, FL, 32829

P.O. Box NOT acceptable

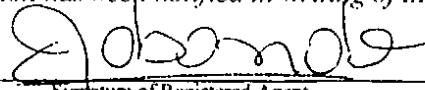
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SAEED MUSTAPHA 11/17/2021
Printed or typed name and title

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 I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

JORGE OBANDO 11/17/2021
Date

If signing on behalf of an entity:

Clermont Cooling Inc
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 22 PM 4: 06

FILED