## P980000 4924

| (Requestor's Name)                      |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
| (Address)                               |                   |  |  |  |  |
| (Address)                               |                   |  |  |  |  |
| (City/State/Zip/Phone #)                |                   |  |  |  |  |
| P WAIT                                  | MAIL              |  |  |  |  |
| (Business Entity Name)                  |                   |  |  |  |  |
| (Document Number)                       |                   |  |  |  |  |
| Certificates of S                       | tatus             |  |  |  |  |
| Special Instructions to Filing Officer: |                   |  |  |  |  |
|   | ·                 |  |  |  |  |
|   |                   |  |  |  |  |
|   |                   |  |  |  |  |
|   | Certificates of S |  |  |  |  |

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

BAYSIDE HEATING AND AIR CONDI

Name of Corporation

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:

TOM PROVATAS

Name of Contact Person

BAYSIDE HEATING & AIR COND

Firm/Company

22085 US HIGHWAY 19 N

Address

CLEARWATER, FL 33765

City/State and Zip Code

ACCOUNTING@BAYSIDE-AC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEENAH GARBIN

at (727 )669-4300
Area Code & Daytime Telephone Number

Name of Contact Person

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| statement of cl                  | e provisions of sections 607.0502, 61<br>hange is submitted for a corporation   | organized under the laws of the   | State (          | of FLOR               | RIDA                  |
|----------------------------------|---|---|------------------|-----------------------|-----------------------|
|                                  | der to change its registered office or .  | •   |                  | •                     |                       |
| L. The name of                   | f the corporation: BAYSIDE HE   | ATING & AIR CONDI   |                  | ·IING,                | TINC.                 |
|                                  | al office address: 22085 US HIC<br>WATER, FL 33765  | JONAL 19 NORTH  |                  |                       |                       |
| -                                | ·   |   |                  |                       |                       |
| 3. The mailing                   | address (if different):   |   |                  | <del></del>           | <del></del> .         |
| 4. Date of inco                  | prporation/qualification: 01/16/19  | 98 Document number:   | P00              | 00049                 | 924                   |
| 5. The name ar<br>Florida Dep    | nd street address of the current register artment of State: (If resigned, enter re  | ered agent and registered office esigned)   | on file          | with the              | e                     |
|                                  | REGISTERED AGENT  | CORP OF PINELLAS  | СО               |                       |                       |
|                                  | 5858 CENTRAL AVE S  | UITE A  |                  | _                     |                       |
|                                  | ST. PETERSBURG, FL  | 33707   | _                | _                     |                       |
| 6. The name ar<br>(if changed)   | nd street address of the new registered:  | d agent (if changed) and /or reg  | istered          | office                |                       |
|                                  | TOM PROVATAS  |   |                  |                       |                       |
|                                  | 22085 US HIGHWAY 19   | 9 N   |                  | 2019                  |                       |
|                                  | CLEARWATER, FL 337  | NOT acceptable  |                  | JMI 2                 | : 1                   |
| The street add<br>as changed wil | ress of its registered office and the s   | street address of the business of   | ffice of         | <b>ာ</b><br>Lits-regi | stered agent.         |
| Such change wouthorized by       | vas authorized by resolution duly ad<br>the board, or the corporation has been  | opted by its board of directors<br>an notified in writing of the ch   | or by a<br>ange. | an office<br>ເກັ      | tr so                 |
| &                                |   | TOM PROVATAS  | S                |                       |                       |
| 1-                               | time of an affice for director<br>of the appointment as registered age<br>of to comply with the provisions of all<br>of my duties, and I am familiar with a<br>his document is being filed merely to<br>the the comporation has been noting | nt and agree to act in this capa<br>I statutes relative to the proper<br>and accept the obligation of my<br>o reflect a change in the regist<br>fied in writing of this change. |                  |                       | egistered<br>fress, I |
|                                  |   | 01/25/2019  |                  |                       |                       |
| (S)                              | gilature of Registered Agent  | Date  |                  |                       |                       |
| f signing on b                   | ehalf of an entity:   |   |                  |                       |                       |
| TOM PRO                          |   |   |                  |                       |                       |
| -                                | Typed or Printed Name   |   |                  |                       |                       |

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

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