19000154509

| (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: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1., | حادمها | | | | | |
| WMIS | | | | | | |

Office Use Only



000424436550

02/26/24--01016--025 **25.00

COVER LETTER

| | Registration Section Division of Corporations | | | | |
|-----------|--|-----------------------------------|--|--|--|
| SUBJEC | | | | | |
| SCHOL | | Name of Limited Liability Company | | | |
| Dear Sir | or Madam: | | | | |
| The encl | osed Registered Agent/Registered Offi | ce Change a | nd fee(s) are submitted for filing. | | |
| Please re | eturn all correspondence concerning thi | s matter to th | ne following: | | |
| Chace J. | Garlinghouse | | | | |
| | Name of Person | | | | |
| Garlingh | ouse Holdings LLC | | | | |
| | Firm/Company | | | | |
| 4911 Wii | ndsor Landing Dr. APT #306 | | | | |
| | Address | | | | |
| Fort Mye | ers, F.L 33966 | | | | |
| | City/State and Zip Code | | | | |
| garlingho | ouseholdings@gmail.com | | | | |
| E-1 | mail address: (to be used for future ann | ual report no | tification) | | |
| For furth | ner information concerning this matter, | please call: | | | |
| Chace J. | Garlinghouse | 561 at (| 531-8623 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Enclosed is a check for the following | amount: | | | |
| ; | ■ \$25 Filing Fee | ۵ | \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N | ame of the limited liability company: CHACE JOSEPH | AIR CON | DITIONING LLC | |
|---|--|--|---|--|
| 2. (a) | 25613 Old Gaslight Dr. | (b) | 340 W. Blue Heron Blvd. | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (-) | Mailing address of I | limited liability company: POST OFFICE BOX) |
| | Bonita Springs | | Riviera Beach | |
| | F.L 34135 | | F.L 33404 | |
| | 06/11/2019 | L | 19000154509 | |
| 3. | Date of filing/registration in Florida | 4. | Document num | ber |
| 5. (a) | Chace J. Garlinghouse | | | |
| J. (4. | Registered Agent and Registered Office shown on the records of | the Florida I | Dept. of State: | |
| | 25613 Old Gaslight Dr. | | | • • |
| | Registered Office Address (MUST BE FLORIDA STREET) | stered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| | Bonita Springs | | | |
| | FI | 34135 | | |
| | | | | |
| (b) | | | | ; |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | ? |
| | 4911 Windsor Landing Dr. APT #306 | | | |
| | NEW Registered Office Address: | | | |
| | Fort Myers | | | |
| | | 22044 | | |
| | , FL | 33966 | | |
| chang agent was/w the ar | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the many of a member | registered ability com of the limit limited lia | office and the business on pany, it is hereby confirmed liability company or as | ffice of the registered ned that the change(s) s otherwise provided in |
| I here provis the ob to men notifie | eby accept the appointment as registered agent and agrations of all statutes relative to the proper and complete sligations of my position as registered agent as provided rely reflect a change in the registered office address, the din writing of this change. | ee to act i performar I for in Ch pereby con | n this canacity. I further a | geree to comply with the |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00