Current Pri 3562 LENOX A JACKSONVILI			75617	23309CC
Current Ma	iling Address:			
P O BOX 67 JACKSONV	779 /ILLE, FL 32236-6779 US			
FEI Number: 59-1636859			Certificate of Status Desired: Yes	
Name and	Address of Current Registered Agent:			
3562 LENOX A	R PRESIDENT AVE .E, FL 32254 US			
The above name	ed entity submits this statement for the purpose of changing its regi	istered office or regis	stered agent, or both, in the State of i	Florida.
	ed entity submits this statement for the purpose of changing its regi E: GAIL R TERRY	istered office or regis	stered agent, or both, in the State of i	Florida. 04/13/2023
		istered office or regis	tered agent, or both, in the State of i	
SIGNATUR	E: GAIL R TERRY	istered office or regis	tered agent, or both, in the State of i	04/13/2023
SIGNATUR	E: GAIL R TERRY Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of i	04/13/2023
SIGNATUR Officer/Dire	E: GAIL R TERRY Electronic Signature of Registered Agent			04/13/2023
SIGNATUR Officer/Dire	E: GAIL R TERRY Electronic Signature of Registered Agent ector Detail : VP	Title	VP, DIRECTOR	04/13/2023
SIGNATUR Officer/Dire Title Name	E: GAIL R TERRY Electronic Signature of Registered Agent ector Detail : VP SCHWEND, DONALD R 54412 FOURACRE CIRCLE	Title Name Address	VP, DIRECTOR CHISM, BENJAMIN G	04/13/2023
SIGNATUR Officer/Dire Title Name Address	E: GAIL R TERRY Electronic Signature of Registered Agent ector Detail : VP SCHWEND, DONALD R 54412 FOURACRE CIRCLE	Title Name Address	VP, DIRECTOR CHISM, BENJAMIN G 129 CHISM TRAIL	04/13/2023
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: GAIL R TERRY Electronic Signature of Registered Agent ector Detail : VP SCHWEND, DONALD R 54412 FOURACRE CIRCLE CALLAHAN FL 32011 PRESIDENT, CFO, DIRECTOR,	Title Name Address	VP, DIRECTOR CHISM, BENJAMIN G 129 CHISM TRAIL	04/13/2023
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: GAIL R TERRY Electronic Signature of Registered Agent ector Detail : VP SCHWEND, DONALD R 54412 FOURACRE CIRCLE CALLAHAN FL 32011 PRESIDENT, CFO, DIRECTOR, SECRETARY, TREASURER	Title Name Address	VP, DIRECTOR CHISM, BENJAMIN G 129 CHISM TRAIL	04/13/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAIL TERRY

PRESIDENT

04/13/2023

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 492563

Entity Name: BILL WILLIAMS AIR-CONDITIONING & HEATING, INC.

FILED Apr 13, 2023 Secretary of State 7561723309CC

Date