FEI Number Name and A	JCIE, FL 34987 US : 81-4805063			
Name and A				
			Certificate of Status Desired: No	
	ddress of Current Registered Age	nt:		
SHAVELL, RICH 7900 GLADES, BOCA RATON,	SUITE 360			
The above named	l entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: RICHARD SHAVELL				04/05/2019
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	D	Title	D	
Title Name	D MILLER, ANDREW W	Title Name	D GREEFF, KURT	
	MILLER, ANDREW W 2255 GLADES RD.			
Name Address	MILLER, ANDREW W 2255 GLADES RD. STE. 324A	Name Address	GREEFF, KURT	
Name	MILLER, ANDREW W 2255 GLADES RD. STE. 324A	Name Address	GREEFF, KURT 13378 SW ROCKINGHAM DR.	
Name Address	MILLER, ANDREW W 2255 GLADES RD. STE. 324A	Name Address	GREEFF, KURT 13378 SW ROCKINGHAM DR.	
Name Address	MILLER, ANDREW W 2255 GLADES RD. STE. 324A	Name Address	GREEFF, KURT 13378 SW ROCKINGHAM DR.	
Officer/Dired				

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: ANDREW MILLER

Electronic Signature of Signing Officer/Director Detail

CO-PRESIDENT

04/05/2019 Date

FILED Apr 05, 2019 Secretary of State 0508394474CC

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000101125

Entity Name: ALFA AIR CONDITIONING, INC.

Current Principal Place of Business:

13378 SW ROCKINGHAM DR. PORT ST LUCIE, FL 34987

Current Mailing Address:

10380 SW VILLAGE CENTER DR 1