| FEI Number: 27-0090369<br>Name and Address of Current Registered Agent:  |  |                 | Certificate of Status Desi | i <b>red:</b> No |
|--|--|-----------------|----------------------------|------------------|
| LEN, BRUCE<br>6833 BARBAROSSA ST<br>BOCA RATON, FL 33433 US  |  |                 |                            |                  |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |                 |                            |                  |
| SIGNATURE  | BRUCE LEN                                |                 |                            | 09/30/2018       |
|  | Electronic Signature of Registered Agent |                 |                            | Date             |
| Authorized Person(s) Detail :  |  |                 |                            |                  |
| Title  | MGR                                      | Title           | MGR                        |                  |
| Name   | LEN, BRUCE                               | Name            | LEN, NATASHA               |                  |
| Address  | 6833 BARBAROSSA ST                       | Address         | 6833 BARBAROSSA ST         |                  |
| City-State-Zip:  | BOCA RATON FL 33433                      | City-State-Zip: | BOCA RATON FL 33433        |                  |
|  |  |                 |                            |                  |
|  |  |                 |                            |                  |
|  |  |                 |                            |                  |

DOCUMENT# L04000035511

Entity Name: COOLING TECH SOLUTIONS LLC

## **Current Principal Place of Business:**

6833 BARBAROSSA ST BOCA RATON, FL 33433

### **Current Mailing Address:**

6833 BARBAROSSA ST BOCA RATON, FL 33433 US

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

09/30/2018

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# FILED Sep 30, 2018 **Secretary of State** CR8495908635

Electronic Signature of Signing Authorized Person(s) Detail