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. 04/01/2019

SIGNATURE: SHANNON WALLEY

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

5135 S ROBERT BLAKE AVE

FEI Number: 74-3229659

Name and Address of Current Registered Agent:

WALLEY, SHANNON J 5135 S ROBERT BLAKE AVE INVERNESS, FL 34452 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: SHANNON WALLEY

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MR Name WALLEY, SHANNON J Address 5135 S ROBERT BLAKE AVE City-State-Zip: INVERNESS FL 34452

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

PRESIDENT

DOCUMENT# L07000087794

Entity Name: PROFESSIONAL HOME IMPROVEMENT AIR CONDITIONING AND REFRIGERATION LLC.

Current Principal Place of Business:

5135 S ROBERT BLAKE AVE INVERNESS, FL 34452

INVERNESS, FL 34452 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: Yes

04/01/2019 Date

FILED Apr 01, 2019 Secretary of State 2914944216CC

Date