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; tes; and that my name appears above, or on an attachment

Electronic Signature of Signing Authorized Person(s) Detail

LRICO FL 33594 City-State-∠ip:

Authorized Person(s) Detail :

| Title | MGR | | | |
|-----------------|-----------------------|--|--|--|
| Name | MITCHELL, TIFFANY | | | |
| Address | 1521 PINEY BRANCH CR. | | | |
| City-State-Zip: | VALRICO FL 33594 | | | |

DOCUMENT# L18000076898

Entity Name: BEE SURE COOLING & HEATING TRUST LLC

Current Principal Place of Business:

1521 PINEY BRANCH CIR. VALRICO, FL 33594

Current Mailing Address:

5668 FISHHAWK CROSSING BLVD 328 LITHIA. FL 33547

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

MITCHELL, TIFFANY 1521 PINEY BRANCH CR. VALRICO, FL 33594 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: TIFFANY MITCHELL

Electronic Signature of Registered Agent

| Title | MGR |
|---------|----------------------|
| Name | MITCHELL, TIFFANY |
| Address | 1521 PINEY BRANCH CR |

| HELL | PRES | 04/12/2022 |
|--|---|---------------------------------------|
| t with all other like empowered. | | |
| the infined liability company of the receiver of the | stee empowered to execute this report as required | by Chapter 605, Florida Statutes; and |

Certificate of Status Desired: No

04/12/2022 Date

FILED Apr 12, 2022 Secretary of State 4333535914CC

Date