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.

SIGNATURE: FELIX J RIVERA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: COMPASS AIR COOLING & HEATING LLC **Current Principal Place of Business:**

1629 VIRGINIA AVENUE ST. CLOUD, FL, FL 34769

DOCUMENT# L18000086657

Current Mailing Address:

2228 WHISTLER'S PARK CIRCLE APT.2 KISSIMMEE, FL 34743 US

FEI Number: 82-5137650

Name and Address of Current Registered Agent:

RIVERA, FELIX J **1629 VIRGINIA AVENUE** ST. CLOUD, FL 34769 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: FELIX J RIVERA

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR Name RIVERA, FELIX J Address **1629 VIRGINIA AVENUE** City-State-Zip: ST. CLOUD, FL FL 34769

| 2020 FLORIDA LIMITED LIABILITY COMPANY REI | <u>NSTATEMENT</u> |
|--|-------------------|

FILED Nov 17, 2020 Secretary of State 5875081915CR

Certificate of Status Desired: Yes

11/17/2020 Date

11/17/2020

Date

AUTHORIZE MEMBER