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: THOMAS M KELLY	MGR	10/05/2023

#### DOCUMENT# L19000254236

Entity Name: COMFORT AIR HEATING & COOLING SOLUTIONS, LLC

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

2075 COUNTY ROAD 243F WILDWOOD, FL 34785

# **Current Mailing Address:**

2075 COUNTY ROAD 243F WILDWOOD, FL 34785 US

## FEI Number: 83-2974354

# Name and Address of Current Registered Agent:

ALPER TRUSTEES , LLC 255 PRIMERA BLVD SUITE 160 LAKE MARY, FL 32746 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: GIDEON ALPER

Electronic Signature of Registered Agent

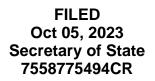
# Authorized Person(s) Detail :

Title MGR Name KELLY, THOMAS M Address 2075 COUNTY ROAD 243F City-State-Zip: WILDWOOD FL 34785

Certificate of Status Desired: No

10/05/2023

Date



Electronic Signature of Signing Authorized Person(s) Detail

Date