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MAY, MEACHAM & DAVI ATTORNEYS AND COUNSELORS	<b>S</b> • • • • •	
BANK OF AMERICA TOWER, SUITE 2 ONE FINANCIAL PLAZA FORT LAUDERDALE, FLORIDA 33		 317 35.0
	Office Use Only	:
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):	
I (Corporation Name)	(Document #)	<sup>•</sup>
2(Corporation Name)	(Document #)	·
3		
(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	-
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION	FILED

K.,.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 27, 2001

WILLIAM C. DAVELL, ESQ. BANK OF AMERICA TOWER, SUITE 2601 100 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33394

SUBJECT: CONDITIONED AIR CORPORATION OF NAPLES, INC. Ref. Number: 242090

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 901A00062865

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR **CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the submits the following statement in order State of to change the registered office in Florida.

2. The street address of the current registered office:



The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date:

Signature of Registered Agent)

Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314