810471

(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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08/29/23--01016--007 ++35.00

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Wisconsin Evangelical Lutheran Synod Name of Corporation
DOCUMENT NUMBER: 810471
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beth Thornton Name of Contact Person
Wisconsin Evangelical Lutheran Synod Firm/Company
N16W23377 Stone Ridge Drive
Address
Waukesha, WI 53188
City/State and Zip Code
treasury@wels.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beth Thornton at (414)256-3260
Name of Contact Person at (414) 256-3260 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	· ·	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FL
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Absolutely Cool	Air Conditioning LLC
2. The principal	office address: 603 NW Buck He	ndry Way, UNIT K. Stuart, FL 34994
3. The mailing a	ddress (if different): 2 Mount Ro	oyal Ave Ste 550, Marlborough, MA 01752
		Document number: L07000086744
	I street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)
	PENCE, DOUGLAS W.	
	2311 NE 15TH CT	
	JENSEN BEACH, FL 34957	
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office
	Mahesh Choudhury	
	2 Mount Royal Ave Ste 550	
		P.O. Box NOT acceptable
	Marlborough, MA 01752	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
	Alle	Mahesh Choudhury, Manager
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered of the appointment as registered of comply with the provisions of all am familiar with and accepting filed merely to reflect a chain been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if the age in the registered office address, I hereby confirm that the change.
P-11	HELD,	08/08/23
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Mahesh Choudhu	ігу	
Ty	ped or Printed Name	

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)