-0000000008



ACCOUNT NO. : 072100000032

REFERENCE : 395003

7311703

AUTHORIZATION

COST LIMIT

ORDER DATE : February 6, 2002

ORDER TIME : 12:04 PM

ORDER NO. : 395003-425

CUSTOMER NO: 7311703

CUSTOMER: Mr. Carl Edwards

Lennox International 2140 Lake Park Blvd.

8th Floor

Richardson, TX 75080

CHANGE OF AGENT

NAME: NATIONAL AIR SYSTEMS, INC.

800005505338--8

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

	he provisions of sections ed corporation organized			Florida Statutes,	
	llowing statement in ord			agent, or both, in	¥ <u>.</u>
the State of Fl		0 0	3	2002 FAL	
1. The name o	of the corporation:	·		FE S	-
NATIONAL	AIR SYSTEMS, INC.			是 三	<u>!</u>
2. The mailing	g address of the corporation	on: 3380 N. SAN FER	NANDO ROAD #101	SSE SSE	2
LOS ANGE	LES, CA 90065		<u> </u>	FS 9	_
3. Date of inc	orporation/qualification:	February 17, 2000	_ Document number:	F0 6000 664	
4. The name a	nd address of the current	registered agent and of	fice:	≫	
	CT Corporation Syste	m	error of the second of the sec	· · · ·	%
	1200 South Pine Isla	nd Road			
	Plantation, FL 33324				
5. The name a	nd address of the new reg	gistered agent (if change P. O. Box Not Accepta		ce (if changed):	
	Corporation Service (Company			r = .maaria ii siis
	1201 Hays Street	.: .: -			
	Tallahassee, FL 323	01			. •
The street add agent, as chan	ress of its registered offiged, will be identical.	ce and the street addre	ss of the business office	of its registered	
Such change vauthorized by	vas authorized by resolut the board.	tion duly adopted by it	s board of directors or by	y an officer so	
Pala	Parist		<u>-/,</u>	/1000	
(Signature	e of an office//chairman or vice	chairman of the board)	Date)	1000	
PATRICIA PIZZI	UTO, Attorney in Fact			-	-
	(Printed or typed name a			•	ž.
regioner carage	amed as registered agen hereby accept the appoi to comply with the prov f my duties, and I am fan nt.	nt and to accept service ntment as registered a visions of all statutes re miliar with and accept	e of process for the abov gent and agree to act in Elative to the proper and the obligation of my pos	e stated this capacity. complete sition as	
	Service Company We R. D	2	5/8/02		
	Signature of Registered Agent)	Jaura D. Dunt	(Date)		- 3 ole A
If signing on beha	alt of an entity:	Laura R. Dunlap as its agent			
	(Typed or Printed Name)		(Capacity)	<u> </u>	ja ya isa s
	* * *	FILING FEE: \$35.00) * * *		
		TITILG LED! \$32.00	y		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314