(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 JAN 26 PM 2: 42



FILING REQUEST

January 21, 2009

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

REFRIGERATION SYSTEMS COMPANY

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK # 30788 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

statement of cha	ange is submitted for	r a corporation organi	2, 607.1508, or 617.1508, Florida ized under the laws of the State of	Ohio
		., -	red agent, or both, in the State of F Refrigeration Systems Compa	
	•		ie, Columbus, OH 43211	
3. The mailing a	address (if different)	:		
4. Date of incor	poration/qualification	on: 07/31/2005	Document number: F0600	0005084
5. The name and			gent and registered office on file wi	
	CT Corporat	ion System		_
	1200 South F	Pine Island Road	d	_
	Plantation, F	L 33324		
6. The name and (if changed):	d street address of th	ne new registered agen	at (if changed) and /or registered of	2009 JAN 26 SECRETAR' TALLAHASS
	NRAI Servic	es, Inc.		E AN 2
	2731 Execut	tive Park Drive,		[T]
	Weston, FL	(P.O. Box NOT acceptable)		- EFLO
The street addr	· · · · · · · · · · · · · · · · · · ·		address of the business office of i	2: 42 LORIDE ts registered agent,
Such change wanthorized by	as authorized by re he libyed, or the con	solution duly adopted rporation has been no	d by its board of directors or by ar stifted in writing of the change.	n officer so
(Signat	ure of an officer or directo	or)	Thomas A. Leighty, CEO (Printed or typed name and	title)
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment a to comply with the nd I am familiar wi ing filed merely to s been notified in w	s registered agent an provisions of all stat th and accept the obl reflect a change in th vriting of this change.	d agree to act in this capacity utes relative to the proper and coi igation of my position as registere e registered office address, I here	mplete performance ed agent. Or, if this by confirm that the
Muly	AAU January of Registered Age	- ent)	1121119 _(Date)	
If signing on bo	ehalf of an entity:			
	obbs, Asst. Se	ecretary		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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