

Electronic Filing Cover Sheet

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To:							
	Division of Co	Division of Corporations					
	Fax Number	: (850)617-6380					
From	;						
	Account Name	: C T CORPORATION SYSTEM	·	2024			
	Account Number	: FCA00000023	- 0	- <u>-</u>			
	Phone	: (614)280-3338	- <u>1</u> 22	APR			
	Fax Number	: (614)573-3996	1	Ř	-77		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>New York</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>ABCO REFRIGERATION SUPPLY CORP.</u>

2. The principal office address: 49-70 31ST ST LONG ISLAND CITY, NY 11101

3. The mailing address (if different); ______

4. Dateofincorporation/qualification: 03/23/2011 Document number: F11000001262

5.	. The name and street address of the current registered agent and registered office on	tile with the
	Florida Department of State: (If resigned, enterresigned)	- 0

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office ~ (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael J. Pancherz Signature of an officer or director Michael J Pancherz, VP Associate General Counsel and Assistant Secretary
Printed or typed name and title

Tranco or open name and the

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

C T Corporation System Signature of Registered Agent

03/14/2024

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If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

Typed 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)

By: