

# F14000003340

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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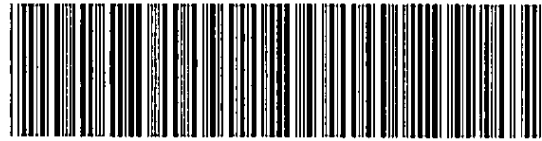
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

*Ra Chang*

SEP 10 2021

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zelka HVAC Maintenance Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F14000003340

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:

Jerry Raimondi

Name of Contact Person

Zelka HVAC Maintenance Solutions, Inc.

Firm/Company

3520 Hargale Road, Suite 100

Address

Oceanside, New York 11572

City/State and Zip Code

info@zelkahvac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Raimondi

Name of Contact Person

at (516) 825-2720

Area Code & Daytime Telephone Number

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

**Mailing Address:**

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2021

JERRY RAIMONDI  
3520 HARGALE ROAD SUITE 100  
OCEANSIDE, NY 11572

SUBJECT: ZELKA H.V.A.C. MAINTENANCE SOLUTIONS, INC.  
Ref. Number: F14000003340

We have received your document for ZELKA H.V.A.C. MAINTENANCE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carlotta L Harper  
Document Specialists

Letter Number: 521A00010834

**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 New York \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Zelka HVAC Maintenance Solutions, Inc.
2. The principal office address: 3520 Hargale Road, Suite 100  
Oceanside, New York 11572
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: August 8, 2014 Document number: F14000003340
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Zelka F.I.A., LLC - Attn: Charles DelCielo

1462 SW 12th Avenue, Suite B

Pompano Beach, FL 33069

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

Registered Agents Legal Services, LLC

155 Office Plaza Drive, Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Kimberly Balder  
Signature of an officer or director

Kimberly Balder, President

Printed or typed name and title

*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, I hereby confirm that the corporation has been notified in writing of this change.*

Lisa Zamo  
Signature of Registered Agent

6-14-21

Date

If signing on behalf of an entity:

Lisa Zarro  
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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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