10/28/2019

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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

REGISTERED AGENT CHANGE REFRIGERATION DESIGN & SERVICE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

Refrigeration Design & Service, Inc. Name of Corporation

16000004022

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:

Margot Mullin					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd., Suite 300					
Address					
Austin, TX 78744					
City/State and Zip Code					

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

For further information concerning this matter, please call:

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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office	ion organized und	er the laws	of the State of	<u>Pennsy</u>		
	the corporation: Refrigerate of the corporation: 352 Newb			vice, Inc. ess Hills, F	PA 1	9030	<u></u>
3. The mailing	address (if different):						
4. Date of incor	rporation/qualification: 9/7/2	016 _{Do}	cument nu	mber: F160	00004	022	
5. The name an	od street address of the current repartment of State: (If resigned, enter C T CORPORA 1200 SOUTH PINE ISLA	gistered agent and er resigned) TION SY		_	ith the		
	PLANTATION		FL	33324	Fz	19	
6. The name an (if changed):	d street address of the new registered Agen	•		or registered of		0CT 29 A	
	155 Office Plaza		uite A			41:6 提	J
	Tallahassee	D. Box NOT acceptable	32301			-	
The street addr	ress of its registered office and the identical.	he street address o	of the busin	ess office of its	s registere	d agent,	
Such change w authorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its be been notified in	oard of dire	ectors or by an o	officer so		
/S/ John F	Dayre ure of an officer or director	<u>Johr</u>	Payn	e r typed name and titl	Presid	dent	
I harehy accen	t the appointment as registered to comply with the provisions of f my duties, and I am familiar w his document is being filed mere to that the corporation has been t	agent and agree to f all statutes relate ith and accept the ly to reflect a cha notified in writing	o act in thi	s canacity		ered I	
Hode	gnate of Registered Agent		8/2019			• • • • • • • • • • • • • • • • • • • •	
	chalf of an entity:			Date			
	Hart - Assistant Secretar	<u>y</u>					
1	Typed or Printed Name						