

Document Number, Only

F96000006302

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

100002479461--1

-04/06/98--01030--002

*****35.00 *****35.00

CORPORATION(S) NAME

Austan Hill Conditioning, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR - 6 PM 3: 04

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Thanks, Melanie

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Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Tennessee submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Custom Air Conditioning, Inc.

1b. Date of incorporation 12/4/96 Document number F96000006302

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street; Tallahassee, FL 32301-2525

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered agent 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.

Anthony M. Schofield
SIGNATURE

Anthony M. Schofield, Secretary
Typed or printed name and title

3-31-98

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY: *Mary R. Adams*
C T CORPORATION SYSTEM
(Registered Agent)

DATE 4.1.98
MARY R. Adams, Asst. Secy

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314