

G932564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

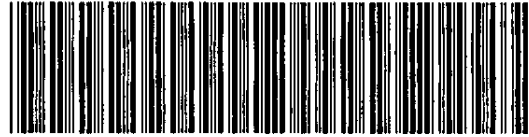
(Business Entity Name)

(Document Number)

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14 MAY -9 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thermal Concepts, Inc.
Name of Corporation

DOCUMENT NUMBER: 632564

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:

Linda Hyman
Name of Contact Person

Thermal Concepts, Inc.
Firm/Company

2201 College Ave
Address

Davie, FL 33317
City/State and Zip Code

lhyman@thermalconcepts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Hyman at (954) 472-4465
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Thermal Concepts Inc
2. The principal office address: 2201 College Ave
Davie, FL 33317
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/11/83 Document number: G32564
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)

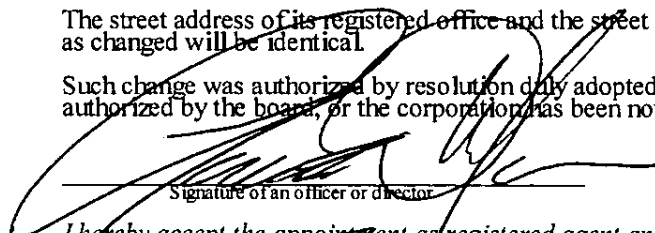
Lawrence Maurer
10741 SW 51st Street
Ft. Lauderdale, FL 33328

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

Lawrence Maurer
2201 College Ave
P.O. Box NOT acceptable
Davie, FL 33317

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.

 Lawrence Maurer, Pres.
Signature of an officer or director 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.

 5/6/14
Signature of Registered Agent Date

If signing on behalf of an entity:

Lawrence Maurer
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 (03/12)

RECEIVED
14 MAY -9 AM 8:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE