

G32564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

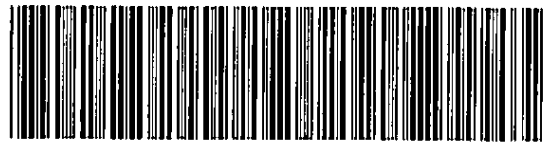
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500335123725

10/07/19--01031--021 \*\*35.00

FILED  
2019 OCT -7 PM 2:57  
TALLAHASSEE, FL

OCT 20 2019

C Kinse

## 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:

Ana Maria Velez  
Name of Contact Person

Thermal Concepts, Inc  
Firm/Company

2201 College Avenue  
Address

Davie, FL 33317  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ana Maria Velez at ( 954 ) 472 4465 X 265  
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): Same

4. Date of incorporation/qualification: 4/11/1983 Document number: 632564

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)

Allen Irvine (Address Change Only)  
1271 Camellia Circle  
Weston, FL 33326

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

Allen Irvine  
4362 Foxtail Lane  
P.O. Box NOT acceptable  
Weston, FL 33331

FILED  
2019 OCT - 7 PM 2:58  
TALLAHASSEE, FL

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.

  
Signature of an officer or director Larry Haver - 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.

Allen Irvine  
Signature of Registered Agent 9/30/2019  
Date

If signing on behalf of an entity:

Allen Irvine  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*