

00000014217

ACCOUNT NO. : 07210000032

REFERENCE

576241

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 10, 2002

ORDER TIME : 11:23 AM

ORDER NO. : 576241-340

800005509878--6

CUSTOMER NO: 7311703

CUSTOMER: Mr. Carl Edwards

Lennox International 2140 Lake Park Blvd.

8th Floor

Richardson, TX 75080

CHANGE OF AGENT

NAME:

MARCO COOLING AND REFRIGERATION LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

Ellyn Herndon -- EXT# 1145

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•	-				
1. The name of the limits	ed liability company is:	MARCO COOL	ING AND REFRIGE	RATION LLC	 •
2. The mailing address o	f the limited liability cor	mpany is:			
•	NUE, NAPLES, FL 3410	•			
3401 PROGRESS AVE	NOE, NAPLES, FL 3410	<u> </u>		· · · · · · · · · · · · · · · · · · ·	 •
11/17/2000			L0.0.000014217		
3. Date of filing/registrat	ion in Florida	4	. Document number	er	_
5. The name of the registresisted Florida Department of		ered office ad	dress as shown on	the records of the	
•	C T CORP	ORATION SYS	TEM		
		Name			-
		PINE ISLANI	ROAD	₹ ₈ 8	
	4	Address		S S S	
		ION, FL 333	24)2 MAY II. SECHETARI TALLAHASSI	-1
	-	State and Zip		£11£~~	-
6. The name and address	of the new registered ag	ent and/or off	ice:	AM 8: 1,7 OF STATE E, FLORIDA	C
	Corporation	Service Co	mpany "	. SEA	
		Vame			
		ays Street			
	Florida street address	(P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City, St	tate and Zip			
If the limited liability corronfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or author)	hange or changes are many the registered agent will reby confirmed that the ed liability company or a post the limited liability confirmed that the limited liability confirmed the liability confirme	ade, the Floridal be identical change(s) was otherwise prompany.	la street address of Or, in the case of	the registered office a Florida limited	of
PATRICIA PIZZUTO, AT	TORNEY IN FACT				
(Printed or typed name of signee)			-	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	ns of all statutes relative ad accept the obligations this document is being f a that the limited liabilit	t to the proper s of my positic iled to merely y company ha	r and complete përf m as registered age reflect a change in s been notified in w	city. I further agree ormance of my duties ent as provided for in the registered office writing of this change	to s,
Lama R. Dr	YZ La	ura R. Dunl	ap		
(Signature of Registered Agent)	~ \ /	as its agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)