L03 000055064

• *
(Requestor's Name)
Vie Farris Air Cond. & Htg. 02135 Myrile Lake Ave. Fruitland Park FL 34731
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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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.

The name of the limited liability company is: VIC FARRIS AIR CONDITIONING & HEATING LLC
The mailing address of the limited liability company is: 02145 MYRTLE LAKE AVE.
FRUITLAND PARK FL 34731
DECEMBER 22, 2003 LO3000055064
Date of filing/registration in Florida 4. Document number
The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:
CORPORATION SERVICE COMPANY Name
1201 HAYS STREET Address
TALLAHASSEK F1 32301 City, State and Zip
The name and address of the new registered agent and/or office:
T 1/
JOHN VICTOR FARRIS Name
02145 MYRTLE LAKE AVE.
Florida street address (P.O. Box NOT acceptable)
FRUITLAND/ARKEL 34731 City, State and Zip
the limited liability company is not organized under the laws of the State of Florida, it is hereby of the improved that after the change or changes are made, the Florida street address of the registered office of the registered agent will be identical. Or, in the case of a Florida limited
ibility company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of
e members of the limited liability company or as otherwise provided in the articles of organization or e operating agreement of the limited liability company.
granufer of a member or authorized representative of a member)
rinted or typed name of signee)
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to mply with the provisions of all statules relative to the proper and complete performance of my duties, at I am familiar with and accept the obligations of my position as registered agent as provided for in appear 60%, F.S. Or, if this document is being filed to merely reflect a change in the registered office dress, I hereby confirm that the limited liability company has been notified in writing of this change.
ignature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
IS18(10/99) FILING FEE: \$25.00