LOGO00027544

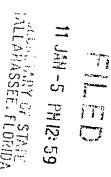
(Requestor's Name)						
(Add	Iress)					
(Address)						
· (City	/State/Zip/Phone	e #)				
		<u></u>				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nan	ne)				
(Doc	ument Number)					
`	,					
Certified Conjes	Certificates	of Status				
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300189142313

01/05/11--01040--003 **55.00



D. BRUCE

JAN 0 6 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT: CUSTOM HEAT					ORIDA	LLC	
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office (Change	and fe	e(s) are	submitte	ed for filing	; _
Please	return all correspondence concerning	g this m	atter to	the fo	llowing	g:		
	JACK K WEATHINGTON	1						
	Name of Person							
CUS	STOM HEATING AND AIR OF FL Firm/Company	ORIDA	A LLC	_				
	1567 TAWNY MARSH CT	<u>.</u>						=======================================
	ST. AUGUSTINE, FL 3209	92					HASSEE	JAN -5 PH 12:
	City/State and Zip Code							PH 12: 50
E-n	lesnikme@aol.com mail address; (to be used for future annual report	notification	on)				RRICA RODA	ည ည
For fur	ther information concerning this mat	ter, ple	ase call	:				
	JACK WEATHINGTON	at (904)		444-89	917	
	Name of Person			Area Co	de & Day	time Telepho	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the followi	ng amo	unt:					
[\$25 Filing Fee		✓ \$55 Filing Fee & Certified Copy					

TO:

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. Name of the limited liability company: <u>CUSTOM F</u>	EATING AND AIR OF FLORIDALL				
2. (a) Principal office address of limited liability company	1567 TAWNY MARSH CT.				
(Note: MUST BE STREET ADDRESS)	ST_AUGUSTINE, FL 32092				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	1567 TAWNY MARSH CT. ST. AUGUSTINE, FL 32092				
MARCH 15 2006	L06000027544				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	RICHARD E MILLER				
Registered Office Address:	2011 EASTERN DR JACKSONVILLE BEACH: FL 32250				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	JACK K WEATHINGTON: 6				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1567 TAWNY MARSH CT				
	ST. AUGUSTINE ,FL32092				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member					
RICHARD E MILLER Printed or typed name of signee					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				
Signature of Registered Agent					

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