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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Air Express Air-Conditioning (Name of L	g & Heating, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Thomas E. Rossin (Name of Person)	
Thomas E. Rossin, Esq. (Firm/Company)	
400 So. Australian Avenue, Ste 800	
West Palm Beach, FL 33401	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Thomas E. Rossin	at (561) 833-1946
(Name of Person)	(Area Code & Daytime Telephone 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 followin	g amount:
 ✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

ageni, or both, in the State of Ftortaa.		
1. The name of the limited liability company is: Air	Express Air-Conditioning & Heating, LLC	>
2. The mailing address of the limited liability comp	any is: 10 Fairway Drive, Suite 131, Dee	erfield Beach, Florida 33441
		<u> </u>
7/16/07	Lo7000073440	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the re	ecords of the
Dalisa Schoburgh		
Name		- Constant
10 Fairway Drive, Suite 200		o S
Address		ECI 7 D
Deerfield Beach, FL 33441		DEC DEC
City, State and Zip		28 28
6. The name and address of the new registered agent and/or office:		, < <u>,</u>
Delfee Outerbounds		
Dalisa Svhoburgh		ယ္ ႏွင့္
Name 10 Fairway Drive, Suite 131		59
Florida street address (P.O. Box NOT acceptable)		
	-	
Deerfield Beach FI	33441	-
City, State	and Zip	
If the limited liability company is not organized undo confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability company or a confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the members of the limited liability confirmed that the charge of the limited liability confirmed that the	the Florida street address of the re e identical. Or, in the case of a Floringe(s) was/were authorized by an a softenwise provided in the articles	egistered office rida limited affirmative vote
Dalisa Schoburgh		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. the proper and complete performat my position as registered agent as to merely reflect a change in the re mpany has been notified in writing	I further agree to ace of my duties, provided for in egistered office of this change.

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