## L07000167672

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, ,	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ı
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Office Use Only



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FILED STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 1 3 2009

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			IVAC SERVICE, LLC  d Liability Company
		Name of Enmed	a Elability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Re	gistered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence co	oncerning this m	atter to the following:
	JAVIER BERI	NABE	
	Name of Person		<del></del> _
	CHRISTIAN HVAC SI Firm/Company	ERVICE, LLC	
	PO BOX 770	128	
	ORLANDO, FLOR City/State and Zip C		<del>- de la della della composito</del>
E-1	JC@CHRISTIAN mail address: (to be used for future ar	AC.COM inual report notification	on)
For fur	ther information concerning	this matter, ple	ase call:
	JAVIER BERNABE	at (	407 ) 758-9848
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDR 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 th	e following amo	ount:
[	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH 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.

1836 CEDAR LAKE DR  ORLANDO, FL 32824  PO BOX 770128  ORLANDO, FL 32877  L07000107672
PO BOX 770128  ORLANDO, FL 32877  L07000107672
ORLANDO, FL 32877 L07000107672
L07000107672
ment number
ds of the Florida Dept. of State:
R BERNABE
MBERLEY PARK CIRCLE MMEE, FL 34743
tered Office address: CEDAR LAKE DR
NDO ,FL32824
ne State of Florida, it is hereby eet address of the registered office in the case of a Florida limited re authorized by an affirmative vote vided in the articles of organization
re vi

FILING FEE: \$25.00