L10000020583

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

Office Use Only



900197656779

03/17/11--01008--020 **25.00

B. KOHR MAR 1 8 2011

EXAMINER

SECRETARY OF STATE OF STATE OF STATE OF SOME GRADIEN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Saradise Cooling	And Heating LL Company	
Dear Sir or Madam:	<u> → 20</u> 6	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Name of Person	· /	
Paradise Cooling and	Herry, CCC	
ZOY9 COMEN SF	, ,	
Sara Sofa FC 3C/Z City/Stale and Zip Code	<u> 36</u>	
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, plea	ase call:	
Name of Person at (_	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 following 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.

	_
1. Name of the limited liability company: Paradi's	e cooling and Hearing, LLC
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	parcish, 12 39219
(b) Mailing address of limited liability company:	Same J GRA
(Note: MAY BE POST OFFICE BOX)	
Z/Z3/10 3. Date of filing/registration in Florida	<u>C-/00000 20583</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Coop Agents 7
Registered Office Address:	13302 Winding Oalls Blud
	Tampa 1 6 33628.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Cose of Inuperf Zoya Cornell St Sara Sofa FL 34219
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(sof the members of the limited liability company or as other the operating agreement of the limited liability company	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited b) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of a member or authorized representative of a member	_
Losof Brugers	<u>_</u>
Printed of typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, still on as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change

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

Signature of Registered Agent