## 42000004197

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(City/State/Zip/Phone #)			
	_		
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)	<u> </u>	
Certified Copies	_ Certificates	of Status	
0	Fire Office	· · · · · ·	
Special Instructions to Filing Officer:			
		:	
:			





400247337494

04/30/13--01018--015 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 APR 30 AN 11: OC

COX	TO D	יים ד	TER
LUI	L.K.	LC	LIER

TO: Registration Section Division of Corporations		
SUBJECT: Hall Mechanical & Name of Limite	Air - Conditioning ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Dwayne F. Hall II		
Hall Mechanial & Air-Con Firm/Company	d. tranging	
1485 gw 219+ terr Address		
Ft. Lauderdale FL 33317 City/State and Zip Code		
hall Mechanica landac & gmail. com E-mail address: (to be used for futura annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
Dwayne F. Hall II at (	954 ) 682-8>39 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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: Hall Mecha	inical & Air Conditioning LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOUE		
1 / 10 / 2012 3. Date of filing/registration in Florida 4	L1200000 4197  Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:		
Registered Agent:	Dwayne F. Hall I		
Registered Office Address:	2981 SW 14th 5t. Ft Landlerdak, FL 33312		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: ARR THE SW 21st term 30  Ft. Landerdale FL 333T2		
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			
Dwaye F. Hall II			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 508, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registored Agent  Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314		

**FILING FEE: \$25.00**