1300035607

(Requ	estor's Name))			
(Addre	ess)				
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(City/S	State/Zip/Phor	ne #)			
PICK-UP	MAIT	MAIL.			
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(Document Number)					
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Special Instructions to Fili	ng Officer:				

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MAY 3 1 2017 Y SULKER



April 10, 2017

NEFAZA GHANI 143 KILLINGTON WAY ORLANDO, FL 32835

SUBJECT: UJT AIR & REFRIGERATION, LLC.

Ref. Number: L13000035607

We have received your document for UJT AIR & REFRIGERATION, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00006896

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	T: UJT AIR & REFRIGERATION, LLC. Name of Limited Liability Company					
SUBJECT:						
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the f	following:			
NAFEZA (GHANI					
-	Name of Person					
UJT AIR 8	REFRIGERATION, LLC.					
	Firm/Company					
143 KILLII	NGTON WAY					
	Address		····			
ORLANDO	D, FL 32835					
	City/State and Zip Code					
nafezag@						
E-mail	address: (to be used for future ann	ual report notifi	cation)			
For further in	nformation concerning this matter,	please call:				
NAFEZA (SHANI	407	429-1201			
	Name of Person		Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:		ALLING ADDRESS:			
_	stration Section	Registration Section				
	sion of Corporations	Division of Corporations P.O. Box 6327				
2661	on Building Executive Center Circle Schassee, Florida 32301		lahassee, Florida 32314			
	losed is a check for the following	amount:				
)21 \$2	25 Filing Fee Please See a.Hached	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	a Hached					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: UJT AIR & RE	FRIG	E	RATION,	LLC.			
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 143 KILLINGTON WAY				failing address o (Note: MAY B SAME	<u>E POST OF</u>	ility com	pany:
		ORLANDO, FL 32835	-	•		SAM	E		
		04/03/2017		L	.1300003	5607			
3. 5. ((a)	Date of filing/registration in Florida NAFEZA GHANI	4.			Document nu	mber		
. ,	()	Registered Agent and Registered Office shown on the records of the UJT AIR & REFRIGERATION, LLC.	he Florid	la [Dept. of State:	:			
		Registered Office Address (MUST BE FLORIDA STREET A 143 KILLINGTON WAY	DDRES	<u>S)</u>					
		ORLANDO , FL	32835	5					
(b)		JAMAL GHANI Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> SAME AS ABOVE <u>NEW Registered Office Address:</u>					FALLAHASSEE, FL	TO MAY 30 MIL	
		, FL_					ORIDA	20	O
the cager was	t w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility c f the lir	ist on nit	ered office npany, it is ed liability	and the busin hereby confir company or	ness office rmed that t	of the r he chan	egistered ge(s)
4_	ک	than the same of t	N/	۱F	EZA GHA				
I he prov the c to m noti	reb visio obli ere fied	over of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been address of this change.	perforn I for in	nai Cl	n this capa nce of my d napter 605.	luties, and I a F.S. Or. if th	r agree to m familiar his docume	comply with arent is be	id accept ing filed