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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Gef Cool Air							
Name of Limited 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 matter to the following:							
Kristyn Shrader Name of Person							
Get COOLAIV, LLC Firm/Company							
6301 815- AVE N Address							
PINELLAS PAVELL FL 33781 City/State and Zip Code							
E-mail address: No be used for future annual report	Cayahur. Com-						
For further information concerning this matter, please c	all:						
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 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 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	ame of the limited liability company:	COU	Hir	u				
2. (a)	630 181SL AVE N	(b)			me		vility compa	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	ailing addre <u>Note: MA)</u>			FICE BOX	
	Pinelles Pare Fe 3378			5	an	re	<u>-</u>	
			···					<del></del>
	5/28/13	_		L1301	000	79	050	
3.	Date of filing/registration in Florida	4.		Document	numbe	er		
5. (a)								
	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State	:				
	3015 114 AVEN							
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)						
	St Rete F2 337-13							
	. FL				<u> </u>	2815		
(b)	Kristyn Shrader			•		3 JUL 3	7 (A.B.)	
, ,	Enter name of NEW Registered Agent and/or NEW Registered C	office addr	ess:	•	. 139 .145<	170	is grafinadi p	•
	6301 815+ AVEN				103 3 5 118 3 6	Ö		
	NEW Registered Office Address:   PINEUAS Park RL =	378	1		STATE	22		
	, FL	0.1 =		.,		~	1 .1	c
the cha agent v was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registe pility con the limit	ered office pany, it is ed liability bility com	e and the best hereby company hipany.	usiness onfirme or as o	office d that otherwi	of the reg the chang ise provid	gistered e(s)
Signa	ature of a member or authorized representative of a member		Hinsu	Printed or t	vned nar	Ach	nee .	
I here provisi the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided sely reflect a change in the registered office address, I he d in writing of this change.	e to act in erformar for in Ch ereby con	n this capa ace of my c apter 605 firm that	acity. I fur duties, and F.S. Or, the limited	ther as l I am fa if this a l'liabili	gree to amilian docum ty com	comply w r with and ent is beir pany has	vith the l accept ng filed been

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