## 114000044974

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## **COVER LETTER**

Division of Corporations		
SUBJECT: 1 NUOVATIVE AIR CON	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
DAVIO ROSE  Name of Person	<del></del>	
INNOVATIVE AIR Firm/Company	<u> </u>	
PO Box 2067) Address	·	
Saint Petersbury FC 337 City/State and Zip Code	42	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
DAVID ROSE at (		
Name of Person	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 amoun	nt:	
□ \$25 Filing Fee	\$ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

r Ioriaa,	
1. Name of the limited liability company: INNOVATIVE A	hie Conditioning + REfrigeration LL
2. (a) INNUVATIVE AIR CONDITION AREA Per APPRINCIPAL Office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
592 100Th AVE. N \$205	DO BOX SOPIJ
SAINT PETERS SUR FL 33702	Saint Petersburg, Fl 33742
MARCH 20, 2014  3. Date of filing/registration in Florida 4.	L14000046974  Document number
5. (a) VAN CUYLENGUE, WILHELMUS Registered Agent and Registered Office shown on the records of the Florid	A la Dept. of State:
- 1 O 1 i	St. PotciskurgiFl Sp. 33702 20 35702
(b) DAVIG ROSE  Enter name of NEW Registered Agent and/or NEW Registered Office and	P 500
NNavetive Air Consitizing + To	Carrigerection &
11751 8Th WAY N. #O7	<del>,</del>
SAINT POTERSDURG, FL 33	716
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the reg agent will be identical. Or, in the case of a Florida limited liability c was/were authorized by an affirmative vote of the members of the lint the articles of organization or the operating agreement of the limited	istered office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	DAVID ROSE
Signature of a member of authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perforn the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address, I hereby on notified in writing of this change.	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

Signature of Registered Agent