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K. SALY JUN - 5 2017

COVER LETTER

Division of Corporations							
SUBJECT: AIR and FWIDS EQUIPMENT LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Tabio Randeros Name of Person							
Air and Fluids Equipment Firm/Company	- LLC						
2551 NW 103 AJR # Address	30g						
SUNTICE TE 33322 City/State and Zip Code							
Sauta E qmail 6m E-mail address: (to be used for future annual repor	t notification)						
For further information concerning this matter, please ca	all:						
Fabro Pondaros at Co	114, 330-2590						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations Clifton Building	Division of Corporations 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						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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:And awd	Flui	di Equ	sipment LL	<u></u>	
2. (a)			•	•		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)				
	POTTSNW SEM Street	_	1077	3 NW 58th	strut	<u> </u>
	Suite 193, Miami, Fl 33178			193, Mami		
	04/27/2015		L_	15000073	3405	
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)	FABIO RONDEROS					
J. (")	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:	:		
	a46 Jade ct, Suite 193.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
				. 🗲	201	
	Weston , FL	33	5376.	LLAR	2017 JUN -2 PM 3: 24 SECRETARY OF STATE SECRETARY OF STATE	T1
(b)	FASIO RONDEROS			· · · · · · · · · · · · · · · · · · ·	-2 P	
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ess:	•	PH 3:	
	2551 NW 103th AJEL	nue			PATE ORIGI	
	NEW Registered Office Address:					
	Suite 309					
	SUNVISE, FL	33	322			
the cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	he regist bility con the limit	ered office and any it is it i	and the business off hereby confirmed the company or as othe pany.	fice of the re hat the changerwise provide	egistered ge(s) ded in
			Anz	and Clean 7 Printed or typed name o	200	UC.
Signat	ture of a member or authorized representative of a member	-	1	Printed or typed name o	fsignee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative/to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change	ee to act i performat for in Cl ereby cor	n this capac ice of my di iapter 605, ifirm that th	city. I further agree uties, and I am fami F.S. Or, if this doc he limited liability c	to comply t liar with an ument is bei ompany has	with the d accept ing filed been
Signatur	re of Registered Agent					

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