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FALLAHASSET, FLORIDA

2017 SFP 13 PM 2:

K. SALY SEP 1 5 2017

COVER LETTER

Division of Corporations	
SHERECT: Davis Chilli	ing and Heating LLC me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Kenneth Judah Name of Person	<u> </u>
Davis Chilling and Firm/Company	Heating LCC
41310 State Roa	d 64 E
Myakka City Fill City/State and Zip Code	L 34251
E-mail address: (to be used for future an	
For further information concerning this matter	r, please call:
Kenneth Judah	at (941) 301·1220
Name of Bensen	Aves Code & Dayrima Telegiume Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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	g amount:
\$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

			2		` -			
Florida		1						
9. Ne	me of the limited fixiolity company:	Davis (Thill	ing	and	Heati	<u>ng</u>	LLC
2. (a)	Principal office address of limited li (Note: MUST BE STREET)	DDRESS)	(b)_		(<u>Note:</u>	ddress of limiter	T OFFICE	BOX)
	Myakka City,	FL 342		i				3n the golf 285_
3.	Date of filing/registration in	**	_ <u>l</u>	_ \		ont number	557	
5. (a)	Eric Davis Registered Agent and Registered Office sho	wh on the records of	the Florida D	ept. of St	ate:			
(b)	Kenneth Juc Enter name of NEW Registered Agent and	on the Control of NEW Registered	GUIF 342 Office addre	<u>ess</u> :		HALLAHAYSECTET DRIET	2011 SEP 13 PH 2: 00	
the cha agent w was/we	mined liability cancer y is consequent nge or changes are made, the Florida vill be identical. Or, in the case of a re authorized by an affirmative vote eles of organization or the operating	i street address of Florida limited lia of the members o	the registe ability com of the limite limited lia	red offi pany, it ed liabil bility co	ice and the is hereby lity company.	e business of confirmed t any or as other	fice of the hat the clerwise pr	e registered hange(s)
I beret provision the oblination to mere notified	ore of a member or authorized representative by access the appointment as register ons of all statutes relative to the progrations of my position as registered by reflect a change in the registered in writing of this change.	red count and ocr	eas do act in	utinie ce	esserite d	or typed name of typed name of typed name of the fam	a to com	obv with the and accept being filed has been

Division of Compositiones P.St. Den 6307# Tollahassee, IR. 32314
FILING FEE: \$25.90

INHS18 (2/14)