## 117000053035

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TOday Air Conditioning Appliance LLC 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:			
Name of Person			
JOURISS CONZAIL			
TODAY AirConditioning & Appliance LLL			
Address			
16265 Sw 79 ten Wiom, FL33195			
City/State and Zip Code			
E-mail addresses (to be used for future appeal report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CARIOS Blanio at 305, 431-6259			
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 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 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, submits the following statement in order to change its regis Florida.	Florida Statutes, the undersigned limited liability company stered office or registered agent, or both, in the State of
1. Name of the limited liability company: Tocky h	In landitioning Depphare LK
2. (a) 167645W79terr MIONIIFT331	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida	4. Document number
Carlos Plans Illus &	Blorne
8. (a) APOS O/ONCO J. 202 C Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:
167645w 79 tom MIa	m1 FL 33193
Registered Office Address	17 AUG 30 AM 7: L EGNETARY OF STA LLAHASSEE, FLOR
, FL	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liab	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in simited liability company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have notified in scriping of this change.	erformance of my duties, and I am familiar with and accent
Signature of Registered Agent	