L19000136634

(Req	uestor's Name)			
	ress)			
(Add	ress)			
(City.	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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C Kinsey

COVER LETTER

FO: Registration Section Division of Corporations						
Best A/C & Electric LLC SUBJECT:						
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 m	natter to the following:					
Frank J. Campoumor, Esq.						
Name of Person						
Holmes Fraser, PA						
Firm/Company	 _					
711 5th Avenue South, Suite 200						
Address						
Naples, FL 34102						
City/State and Zip Code						
mkennow@holmesfraser.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
Monica Kennow	239 306-5425 at ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following am	ount:					
■ \$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.

. Na	me of the limited liability company: Best A/C & Elec	tric LLC		
	3920 Progress Ave., Suite A5, Naples, FL 34104	(b) _	(b) 3920 Progress Ave., Suite A5, Naples, FL 34104	
l. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
				
	May 21, 2019	LI	9000136634	
3 .	Date of filing/registration in Florida	4.	Document number	
i. (a)	Becker & Poliakoff PA			
·. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept, of State:	
				202
	Registered Office Address (MUST BE FLORIDA STREET	T <u>ADDRESS)</u>		
	4001 Tamiami Trail North, Suite 270			€
	Naples, F	L_34103		2 AM
(b)	Holmes Fraser, P.A.			7: _
(-,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	<u>255</u> :	9
	711 Fifth Avenue South, Suite 200			
	NEW Registered Office Address:			
	Naples	34102		
	, F	:[<u>,,,,,</u>		
change igent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ic registered liability com of the limite c limited lial	office and the business office pany, it is hereby confirmed the liability company or as other pility company.	at the change(s)
		Frank .	J. Campoamor, Esq. Printed or typed name c	
-	nure of a member or authorized representative of a member	. •		
provis. The obj to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	gree to act in e performan led for in Ch I hereby conj	this capacity. I further agree ce of my duties, and I am fami apter 605, F.S. Or, if this doc irm that the limited liability c	e to comply with incl liar with and accep- ument is being filed ompany has been
	ire of Registered Agent			

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