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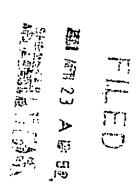
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

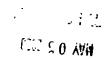
Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Refrigeration & Electric Drafting & Design,	
Name of Lin	nited 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:
Joe T Strickler	
Name of Person	
Refrigeration & Electric Drafting & Design, LLC	
Firm/Company	
660 E Thelma Street	
Address	
Lake Alfred, FL 33850	
City/State and Zip Code	
rescowh@aol.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Joe T Strickler at (297-0083
Name of Person	Area Code & Daytime Telephone Numbe
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 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

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	ame of the limited liability company: Refrigeration 8	Lectri	ic Drafting & D	esign, LLC	
. (a)	Refrigeration & Electric Drafting & Design, LLC		(b) Refrigeration & Electric Drafting & Design,		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	660 E Thelma Street		660 E The	elma Street	
	Lake Alfred, FL 33850		Lake Alfre	ed, FL 33850	
	05/23/2019		L19000138	381	
	Date of filing/registration in Florida	4.		Document number	
(a)	Registered Agents, Inc.				
(4)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of State	- e:	
	Registered Agents, Inc.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	7901 4th Street N, Suite 300				
	St Petersburg,	3370	2	-	
	, 1	·L		-	
(b)	Joe T Strickler Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	od ()ffin	a del musa	-	
	Tante of NEW Registered Agent and/or NEW Register	ea Oince	address:		
	Joe T Strickler				
	NEW Registered Office Address:			-	
	660 E Thelma Street			. -	
	Lake Alfred F	3385	0		
gent v as/we e arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the street	liability s of the se limite	company, it is limited liability	orida, it is hereby confirmed that after the distinction of the registered is hereby confirmed that the change(s) y company or astotherwise provided in apany.	
Signa	tue of a member or authorized representative of a member	_		Printed or typed name of signee	
rovisi ie obl i merc	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, if I in writing of this change.	zree to de e perfoi led for i l hereby	act in this cape rmance of my on Chapter 605 confirm that i	ncity. I further agree to comply with the luties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	
ignatu	red Registered Agent				