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10/01/13--01015--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

Perfect Air Control, 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 matter to the following:

Sean O'Hara

Name of Person

Metal Industries, LLC

Firm/Company

1985 Carroll St.

Address

Clearwater, FL 33765

City/State and Zip Code

sohara@metalindustriesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean (D'Hara
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431-5199

727 at (_____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$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.

I. Na	ame of the limited liability company: Perfect Air Co	ontrol, LLC	
2. (a)	1985 Carroll St, Clearwater, FL 33765	(b) 1985 Ca	arroll St, Clearwater, FL 33765
(,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/18/2019	L1900022	28579
3.	Date of filing/registration in Florida	4.	Document number
	Elizabeth P. Erancis, Esa		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	ICT III
	1310 N Hercules Ave., Suite A		
	Clearwater	33765	90CT - I PH
(b)	Sean O'Hara Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	- 5, ÷² [*] - 26
	1985 Carroll St		
	<u>NEW</u> Registered Office Address:		
	Clearwater, FL	33765	
he cha igent v vas/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the registered office bility company, it is f the limited liability limited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	are of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl. o mere	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in this capa performance of my a l for in Chapter 605 pereby confirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu	re ol Régistered Ageni		
- · · · · ·	the second se		

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

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