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(Requestor's Name)		
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(City/State/Zip/Phone #)	<u> </u>	<u> </u>
PICK-UP WAIT	MAIL	
(Business Entity Name)		<u> </u>
(Document Number)		
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2020 JUL -2 AM 6: 59 SECRETARY OF STATE TALLAHASSEE, FL

D BRUCE AUG 18 2020

TO: Registration Section Division of Corporations	
SUBJECT: Al comfort LLC Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jordan Gross Name of Person  Al comfort LLC	
Firm/Company  116 Harris Drive  Address	
Sebastian /FL/329 City/State and Zip Gode	SECRETARY TALLAHA
Alcomfort Salesand Serv E-mail address: (to be used for future annua	Ireport notification)
For further information concerning this matter, pl	
Tyler Gross Name of Person	at (731) 220 - 0408  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 ar	mount:
🗓 \$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 us registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability compar	1v:	11	Camfo	ct	LLC I			
		-y - <u></u>				i	-	_	
2. (a)	Principal office address of limite	•		}	1	Mailing address of lit (Note: MAYBE I	OST OFFIC	E BOX	) V
	116 Harris Di	·ive			116	Hassi's	Dri	ve	
	sebastian, Fl	_ 32	95-8	3	506	Haskis Istian,	FL 3	29	58
	10/01/2019				L190	00024	722	3	
3.	Date of filing/registratio	n in Florida	1			Document numb		-	
5. (a)						_			
	Registered Agent and Registered Office	[	records (	of the Florida I	Dept. of State	- t:			
	Jordan G	1055				_			
	Registered Office Address (MUST B								
	116 Harris	Dri	Ve	<u> </u>		_			
	Sebastion	2	, F	1.32	953	-			
							(n -(f)	202	
(b)	Enter name of NEW Registered Agent	hnd/or NEW	Register	ed Office add	PACC.	-	ACRE SERVICE	0 ا	
					6.2.7		≥≥	) <del>-</del>	Later Addition
	Tyler G	1055						2	्ष्णुष्
	NEW Registered Office Address:		1			- (	3E-3		
	116 Harris	$D_1$	ive	,		•		2. 6.	
						_	F	96	
	Sebastial	<u> </u>	, F	i 329	58	_			
change agent w was/we the artic	mited liability company is not orgor changes are made, the Florida ill be identical. Or, in the case of re authorized by an affirmative voctes of organization or the operation	street addre la Florida l te of the m ng agreeme	ess of the imited in embers nt of the	e registered liability con of <sub>l</sub> the limit e limited lia	l office and pany, it is ed liability bility com	I the business off shereby confirme y company or as o pany.	ice of the red that the continued that the continued the c	egister :hange	ed (s)
Signal	CHENTO STATE OF A member or authorized representa	tive of a mam	his		ylec	Printed or typed nar			
I hereh provision the obli to mere notified	y accept the appointment as regis ons of all statutes relative to the p gations of my position as register ly reflect a change in the register in writing of this change.	 stered avens	l t und as	ree to act is	n this cana	ocity. I further as	ree to com	ply with and its being has be	th the accept g filed gen
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