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(Re	equestor's Name)	
(Address)		
(Ac	idress)	_ -
(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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COVER LETTER				
TO: Registration Section Division of Corporations	•			
SUBJECT: Joe'S HVAC Name of Limite	LLC ed 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:				
Joseph P. Brodsky Name of Person				
JOE'S HVAC LLC Firm/Company				
1490 Avon / h # 13 Address				
North Landerdale FL 33068 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joseph P. Brodsky at (9)	54) 545-8007 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. Monroc Street, Suite 810 Tallahassee, FL 32303			
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.

1. Na	ame of the limited liability company:	<u></u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1490 Avon Ln # 13 1490	Avon Ln. #13
	North Lowderdale, FL 33064 North	Landerdale, FL 33068
3. 5. (a)	Date of filing/registration in Florida 4.	Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Joseph P Brodsky Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8801 W Atlantic Blvd * 770031 Coral Springs .FL 33077	2022 AUG - 1 SELVIL AHAS
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Joseph P Brooks Ky NEW Registered Office Address: 1490 Avon Lh. #13	
change agent was/we the arti- Signa I here provise the oblite mere	limited liability company is not organized under the laws of the State of Flore or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability company accept the appointment as registered agent and agree to act in this capations of all statutes relative to the proper and complete performance of my deligations of my position as registered agent as provided for in Chapter 605, well reflect a change in the registered office address, I hereby confirm that the din writing of this change.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee

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