121000333274

(Requestor's Name)				
(Address)				
(Address)				
(1881833)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,,				
(Document Number)				
Certified Copies Certificates of Status				
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2022 JUL 21 / /////: 20

RA Change

COVER LETTER

Division of Corporations				
SUBJECT: AIRCOOLED COLLECTION LLC				
Name of Lin	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for fili	ng.		
Please return all correspondence concerning this matter	to the following:			
Melissa Jones				
Name of Person				
ZenBusiness Inc.				
Firm/Company				
336 E. College Ave. Suite 301				
Address				
Tallahassee, FL 32301		. 232		
City/State and Zip Code		2622 JUL		
ra@zenbusiness com				
E-mail address: (to be used for future annual repo	nt notification)	•		
For further information concerning this matter, please of	eall:	 		
3 ,1		. 7		
Melissa Jones at (44 493-6249	٢		
Name of Person	Area Code & Daytime Te	elephone Number		
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporation			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
Tananassee, FL 32314	2415 N. Monroe Stree Tallahassee. FL 32303			
Enclosed is a check for the following amoun	t:			
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		ору		

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.

1. N	ame of the limited liability company: AIRCOOL	E	COLL	ECTION LLC	<u> </u>
2. (a)	1818 SOUTHWEST 1ST AVENUE	=	م 1818 م	SOUTHWEST 1	1ST AVENUE
2. (a)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limi	ited liability company:
	APT 2002		APT	Γ 2002	
	MIAMI, FL 33129	_	MIA	MI, FL 33129	9
	07/22/2021		L210	000333274	
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the records of t	he Fl	orida Dept. of	State:	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDR	ESSI		
	St. Petersburg , FL	3370)2		
(b)	ZenBusiness Inc				2022
• •	Enter name of NEW Registered Agent and/or NEW Registered	Offic	e address;		- · · · ·
	336 E. College Ave.				: <u>></u>
	NEW Registered Office Address:				
	Suite 301				 .
	Tallahassee	3230	01		(6)
	, rL		<u></u>		
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	regis bility f the	tered office y company, limited liab	and the business office it is hereby confirmed oility company or as of	ce of the registered I that the change(s)
<u>/s/</u>	Ricardo Wasner		Ricardo	Wasner	
Signa	ture of a member or authorized representative of a member	-		Printed or typed name	e of signee
provis the ob to mer	thy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been applied to the change.	ee to perfo ! for ereb	act in this commance of n in Chapter of y confirm th	apacity. I further agr ny duties, and I am fai 605, F.S. Or, if this do nat the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been
Signan	ue of Registered Agent				

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