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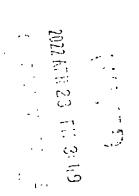
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: COLACO, AW AR A Heat LLC
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:

Hinpminst Joseph Name of Person

Covardian AR & Heat LLC

Firm/Company

209 NW 80th Are

Address

MArpate fl 33063

City/State and Zip Code

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

For further information concerning this matter, please call:

HinpmipLt JosePL at (646) 469-4735-Name of Person 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 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.

зиглин.	s the following statement in order to change as register	carijji	ce of regimer	ca agent, or own, i	n me blace og 1 los	, , , , , ,
1. Na	ame of the limited liability company: Ocard	AW	AR	& Heat 11		
2. (a)	209 NW Soth Ave	•	(b) <u>20</u>	9NW S	50th Ave	,
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limite (Note: MAY BE POS		
	MArpate, Fl 33063		MA	gate Fl		
	17 M PARE, 17 33063	_	<u> </u>	1	<u></u>	
		_ -				
	D3/03/2022 Date of filing/registration in Florida	_	Laar	20011011	<u> </u>	
3.	^	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of			-		
				2		
	2140 N 29th Ave Ap.			-		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE:	<u>53)</u>			
				-		
	_110117 WOOD FL	كك	<u>020</u>	-	202	
(1.)	Himmelt Lacol				2022 APR	
(6)	Hingmight Joseph Enter name of NEW Registered Agent and/or NEW Registered	Office:	uddress:	-		·
					- :	,
	209 NW Soth Ave			-	22 (3)	, . "
	NEW Registered Office Address:				် - - -	
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	MA-aside	7-	72/3			
	MARPATE FL	ــــــــــــــــــــــــــــــــــــــ	بره ب	-		
If the l	limited liability company is not organized under the law c or changes are made, the Florida street address of the	vs of th	e State of Flo	orida, it is hereby co	onfirmed that after	r the
agent	will be identical. Or, in the case of a Florida limited lia	ibility (company, it is	hereby confirmed	that the change(s))
the art	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	limited	l Jiability com	ipany.		111
H	upp ifut Jose PL have of a grember or authorized representative of a member		4mpm	Printed or typed name	PL	
			U			
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I l tl'in writing of this change,	ee to a perfori I for in iereby	et in this capa nance of my a Chapter 605, confirm that t	icity. I further agre luties, and I am fan , F.S. Or, if this do the limited liability	ve to comply with viliar with and ac- cument is being fi company has bee.	the cept iled n