Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone : (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ுEmail Address:_

LLC REGISTERED AGENT CHANGE MINUS 459 HEATING AND AIR CONDITIONING LLC

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11/24/2023 10:15:33 PST - - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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: MINUS 459 HEAT	ING AND AIR	CONDITIONING LLC
2. (a)		(b)_	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/10/22	L220	000483152
3.	Date of filing/registration in Florida	- 4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
.s. (a)	Registered Agent and Registered Office shown on the records of	he Florida Dep	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	476 RIVERSIDE AVE.		
	JACKSONVILLE , FL	32202	
	Registered Agents Inc		2023 NOV 2.7
(p)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	7901 4th St N		
	NEW Registered Office Address:		—— Ha
	STE 300		
	St. Petersburg . FL	33702	
the cha agent i was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability comparts of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notific	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It does not not the change of this change.	иегеоу сонун	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed