

1124000010537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

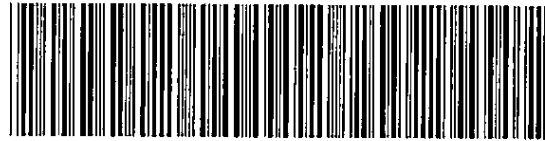
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2024 AUG 19 10:15

RECEIVED  
2024 AUG 19 PM 4:02  
GD TALLAHASSEE, FLORIDA

R. HUNT

08/19/24



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 08/19/2024

Name: Patrice Rush

Reference #: 2466928

Entity Name: ADVANCED COOLING AND HEATING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Cooling and Heating, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICA NAVARRO

Name of Person

C/O GREENBERG TRAURIG, LLP

Firm/Company

77 W. WACKER DR., STE 3100

Address

CHICAGO, IL 60601

City/State and Zip Code

NAVARROE@GTLAW.COM

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

For further information concerning this matter, please call:

ERICA NAVARRO

Name of Person

at ( 312 ) 978-7395

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Advanced Cooling and Heating, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address  
MAY BE A POST OFFICE BOX)**

P.O. Box 213336  
Royal Palm Beach, Florida 33421

2. The Florida document number of this limited liability company is: M24000010537

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/15/2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>ERIK BRYSON</u>	<u>39 DUNBAR RD.</u>	<input type="checkbox"/> Add
		<u>33418</u>	
		<u>PALM BEACH GARDENS, FL</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>VICTOR DA SILVA</u>	<u>39 DUNBAR RD.</u>	<input type="checkbox"/> Add
		<u>33418</u>	
		<u>PALM BEACH GARDENS, FL</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>E Strategy Holdings, LLC</u>	<u>39 DUNBAR RD.</u>	<input checked="" type="checkbox"/> Add
		<u>33418</u>	
		<u>PALM BEACH GARDENS, FL</u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input checked="" type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

/s/ ERIK BRYSON

Signature of the authorized representative

ERIK BRYSON

Typed or printed name of signee

Filing Fee: \$25.00