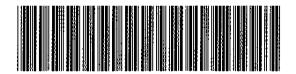
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Bill's Air Conditioning, Heating & Refrigeration, Inc. (Name of Corporation)
DOCUMENT NUMBER: P00000020483
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane Cohen
(Name of Contact Person)
DIANE COHEN, P.A.
DIANE COHEN, P.A. (Firm/Company)
111 W. Main Street, Suite 203
(Address)
Inverness, FL 34450
(City/State and Zip Code)
For further information concerning this matter, please call:
Diane Cohen at (352) 637-1899 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stating $_{ m cr}$ for its submitted for a corporation organized under the laws of the State of Flower to change its registered office or registered agent, or both, in the State of Floren	orida	<u></u>	
	the corporation: Bill's Air Conditioning, Heating & Refrigeration, Inc.	raa.		
	office address: 304 N. Pine Street, Inverness, FL 34450		_`	
2. The principal	office address: 304 N. Fille Street, hiverness, 1 E 34400		-	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 2/22/2000 Document number: P00000020)483		
	d street address of the current registered agent and registered office on file with triment of State:	he		
	Michael T. Kovach, Sr.			
	106 N. Osceola Street			
	Inverness, FL 34450	SE	89	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETAR) LAHASSI	08 APR 23	ineren.
	Diane Cohen, Esq.	1336 10 A	2	
	111 W. Main Street, Suite 203	FL0	ထ္	(
	(P.O Box NOT acceptable)	RIE RID	9	
	Inverness, FL 34450	>>		
The street addreas changed will	ess of its registered office and the street address of the business office of its representation.	egistered	i agent	•
Such change wanthorized by	authorized by resolution duly adopted by its board of directors or by an of the board, of the corporation has been notified in writing of the change.	ficer so		
1	Frank Duarte-Director (Printed or typed name and title			
I hereby accept	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compled I am familiar with and accept the obligation of my position as registered a fing filed merely to reflect a change in the registered office address, I hereby a seen notified in writing of this change.	,	ormanc r, if th that th	:e is e
Dian	endure of Registered Rem) 4/15/08	<u> </u>	<u>.</u>	
If signing on be	chalf of an entity:			
Diane Cohen	·			
(*	Typed or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314