P01000064071

| (Requ | iestor's Name) | | | |
|-----------------------------|-----------------|-------------|--|--|
| (Addr | ess) | | | |
| (Addr | ess) | | | |
| (City/s | State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Busi | ness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Fil | ling Officer: | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100280739051

01/11/16--01025--004 **35.00



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COVER LETTER

Amendment Section Division of Corporations TO:

| SUBJECT: Gulf Coast Heating and Cooling | | | | |
|---|--|--|--|--|
| Name of Corporation | | | | |
| DOCUMENT NUMBER: P01000064071 | | | | |
| 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: | | | | |
| | | | | |
| Tyler Keena Name of Contact Person | | | | |
| Name of Contact Person | | | | |
| WALLER & MITCHELL | | | | |
| Firm/Company | | | | |
| | | | | |
| 5332 MAIN ST. | | | | |
| Address | | | | |
| | | | | |
| NEW PORT RICHEY, FL 34652 City/State and Zip Code | | | | |
| City/State and Zip Code | | | | |
| Tyler.Keena@rdwaller.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Tyler Keena at (727) 847-2288 | | | | |
| Tyler Keena at (727) 847-2288 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |

Mailing Address:
Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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

| | | 17.0502, 607.1508, or 617.1508, Florid organized under the laws of the State | |
|-------------------------------------|--|--|--------------------------|
| in orde | er to change its registered office or | registered agent, or both, in the State o | of Florida. |
| | the corporation: Gulf Coast H | | |
| 2. The principal | office address: 12503 PHYLLIS | S LANE HUDSON, FL 34669 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: [2] [5 | Document number: | P01000064071 |
| | d street address of the current regist rtment of State: (If resigned, enter r | ered agent and registered office on file resigned) | with the |
| | Michael Benzon | | <u> </u> |
| | 12503 Phyllis Lane | | |
| | Hudson, Florida 34669 | | |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed) and /or registered | 00 51 ED 9: 51 |
| | Ranier Melucci | | |
| | 6345 Grand Blvd | | |
| | New Port Richey, Florida 3 | Box NOT acceptable | |
| 8ml 11 | | | |
| as changed will | be identical. | street address of the business office of | of its registered agent, |
| Such change/wa authorized/by the | as furthorized by resolution duly a he board or the corporation has b | dopted by its board of directors or by een notified in writing of the change. | an officer so |
| Signatur | re of an other or director | Ranier Mel | <u>lucci</u> |
| of my duties, an document is bei | the appointment as registered ag to comply with the provisions of a ad fam familiar with and accept to ing filefi merely to reflect a chang speep notified in writing of this ci | ent and agree to act in this capacity. All statutes relative to the proper and the obligation of my position as regist e in the registered office address. I he | complete performance |
| V | MM | 1/06/16 | <u> </u> |
| | thatf of an entity: | Date | |
| Т | yped or Printed Name | | |

* * * FILING FEE: \$35.00 * * *