

P02000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

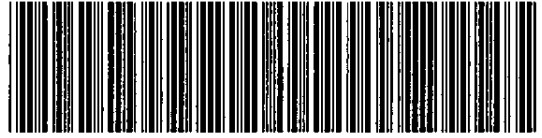
(Business Entity Name)

(Document Number)

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10 APR 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date: 04/26/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMFORT CENTRAL inc.
Name of Corporation

DOCUMENT NUMBER: PO2000003555

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:

DANIEL RIVERA
Name of Contact Person

COMFORT CENTRAL INC.
Firm/Company

9420 LAZY Lane # A-4
Address

TAMPA FL. 33614
City/State and Zip Code

DAN@COMFORTCENTRAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL RIVERA at (813) 885-4445
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COMFORT CENTRAL INC.
2. The principal office address: 9420 LAZY LANE #A-4
TAMPA FL 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/2002 Document number: P02000003555
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DANIEL RIVERA
9420 LAZY Lane #A-4
P.O. Box NOT acceptable
TAMPA FL 33614

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Daniel Rivera
Signature of an officer or director

DANIEL RIVERA
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Daniel Rivera
Signature of Registered Agent

3-10-2010
Date

If signing on behalf of an entity:

DANIEL RIVERA
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