P02000040359

Requester's Name

BROTHERS ALC YCONTROLS INC. 3701 FLAGLER AUR. Key west, FL 33040

600005599346---7--05/23/02--01029--010 *****35.00 ******35.00

Examiner's Initials

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1(Corporation Name)	(Döcument #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other V SHEPARD JUN 1 9 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 30, 2002

BROTHER'S A/C & CONTROLS, INC. 3701 FLAGLER AVE. KEY WEST, FL 33040

SUBJECT: BROTHER'S A/C & CONTROLS, INC. Ref. Number: P02000040359

We have received your document for BROTHER'S A/C & CONTROLS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 802A00034932

RECEIVED
02 JUN 17 PM 12: 49
DIVISION OF CORPORATIONS

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,
the undersigned corporation organized under the laws of the State of FLORIDA Corporation organized under the laws of the State of FLORIDA Corporation or the state of FLORIDA Corporation or the state of the state o
submits the following statement in order to change its registered office or registered agent, or both from the State of Florida.
the State of Florida. 1. The name of the corporation: $\frac{BROTHERS}{BROTHERS}$ $\frac{AC}{AC}$ $\frac{CONTROLS}{CONTROLS}$, $\frac{CONTROLS}{CONTROLS}$, $\frac{CONTROLS}{CONTROLS}$
The state of the corporation of
2. The mailing address of the corporation: 6401 MALONEY AVE. LOT 615
key west, FL > 1090
3. Date of incorporation/qualification: 4-15-02 Document number: Po20004035
4. The name and address of the current registered agent and office:
BRUCE D. HARVEY
BRUCE D. HARVEY 6401 MALONEY AVE, LOT 675
KEY WEST FL 33040
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
BRUCE D. HARUKY
3701 FLAGLER AVE.
Key wegt, FL 33040
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
(Signature of an officer, chairman or vice chairman of the board) (Date)
BRUCE D. HARVEY PRESIDENT (Printed or typed/name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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?
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)