

P03000117445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

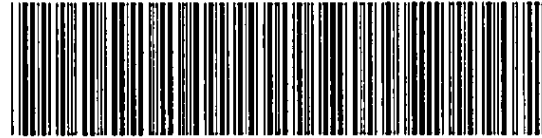
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR - 5 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHIL THOMAS AIR CONDITIONING, INC.
Name of Corporation

DOCUMENT NUMBER: PO3000117445

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:

PHILLIP THOMAS

Name of Contact Person

PHIL THOMAS AIR CONDITIONING, INC.

Firm/Company

5046 SW 92 TERR.

Address

COOPER CITY, FL 33328

City/State and Zip Code

philthomasac@att.net

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

For further information concerning this matter, please call:

PHILLIP THOMAS

Name of Contact Person

at (954)

818 8550

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: PHIL THOMAS AIR CONDITIONING, INC.
2. The principal office address: 5046 SW 92 TERR., COOPER CITY, FL 33328

3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 10/21/2003 Document number: P03000117445

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)

PHIL THOMAS
9050 SW 53 STREET
COOPER CITY, FL 33328

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

PHILLIP THOMAS
5046 SW 92 TERR
COOPER CITY, FL 33328

P.O. Box NOT acceptable

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.

Phillip Thomas
Signature of an officer or director

PHILLIP THOMAS, PRESIDENT
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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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