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TO: Amendment Section Division of Corporations	
SUBJECT: Alpine Air Conditioning and Refrigeration, Inc.	
DOCUMENT NUMBER: <u>P0300014152</u>	
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:	
C. David De Bord Name of Contact Person	
Acpine Air Conditioning and Refrigeration, Inc. Firm/Company	
312 Wooten Rd Address	
LUTZ, FL 33548 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
C. David De Bord at (B13) 453-7958 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 Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

_ 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.
1. The name of the corporation: Alpine Air Conditioning and Refrigeration, Inc. 2. The principal office address: 312 Wooten Road - Lutz, FC 33548
3. The mailing address (if different): 2219 Strade hill Court Tarupa FL 33612
4. Date of incorporation/qualification: 11-26-2003 Document number: Po300014152
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)
ALL Florida Firm, Inc.
B13 Deltona Blud, STE, A
₹ ¹
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C. David De Bord
3/2 Wooten Road P.O. Box NOT acceptable
LUTZ FL 33548
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.
C. Savid De Bord President C. Savid De Bord President
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.
C. D. De B. 6-1-2010 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 5 (8/05)