

PD40000032558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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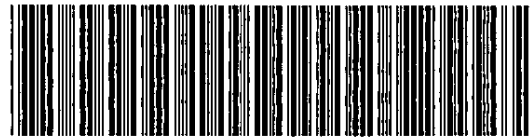
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 06 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Refrigerated Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000032558

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:

Michael Weber

Name of Contact Person

Total Refrigerated Services, Inc.

Firm/Company

1700 NE 105th Street, Unit 419

Address

Miami Shores, FL 33138

City/State and Zip Code

webermichae@gmail.com

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

For further information concerning this matter, please call:

Michael Weber

Name of Contact Person

at (305) 335 5777

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: Total Refrigerated Services, Inc.
2. The principal office address: 1700 NE 105th Street, Unit 419, Miami Shores, FL 33138

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/18/2004 Document number: P04000032558

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)

Michael Weber

3220 SW 2nd Ave

Fort Lauderdale, FL 33315

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

Michael Weber

1700 NE 105th Street, Unit 419

P.O. Box NOT acceptable

Miami Shores, FL 33138

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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.

A. Lines

Signature of an officer or director

Behrooz Richter, 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.

Michael Weber

Signature of Registered Agent

7/3/12

Date

If signing on behalf of an entity:

Michael Weber

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 (03/12)