PO4000080074

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: AC MASTERS HVAC INC	
Name of Corporation	
DOCUMENT NUMBER: P04000080074	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
KENNETH STROUD	
Name of Contact Person	
AC MASTERS HVAC INC.	
Firm/Company	
201 HOPKINS STREET	
Address	
NEPTUNE BEACH, FL 32266	
City/State and Zip Code	
ken@acmastersjax.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	rase call:
KENNETH STROUD	21,6904 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (904)660-7628 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida. he corporation: AC MASTERS HVAC INC
2. The principal	office address: 445 TRESCA ROAD #404, JACKSONVILLE, FL 32225
3. The mailing a	ddress (if different):
	poration/qualification: 05/19/2004 Document number: P04000080074
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	STROUD, SHEILA E.: 2102 1st ST, NEPTUNE BEACH, FL 32266
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office STROUD, SHEILA E.: 201 HOPKINS ST, NEPTUNE BEACH, FL 32266
	P.O. Box NOT acceptable
-	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	KENNET H STRUM PRESPON
I hereby accept I further agree t of my duties, an document is bei	Printed or typed name and title the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
Signing on be	half of an entity:
T	sped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)