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(Address)	
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JUL 2 6 2017

T. LEMMEUX



COVER LETTER

TO: Amendment Section Division of Corporations	*
SUBJECT: Ricks COVM plate Air Com Name of Corporation	
DOCUMENT NUMBER: POYOO15001	<u>Y</u>
The enclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.
Please return all correspondence concerning this matter to the following	owing:
Ricky Th-um Name of Contact Person	
Riecs Complete Rix	Conditioning Juc.
2707 Jim Johnson	Rd.
Plant City F1. 33 City/State and Zip Code	55-66
E-mail address: (to be used for future/annu	al report notification)
For further information concerning this matter, please call:	
Name of Contact Person Area	Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of St	atc.
	Street Address: Amendment Section
	Division of Corporations
P.O. Box 6327	Clifton Building
	2661 Executive Center Circle Fallahassee, FL 32301
	rajialiassee, fil dadul

CR2E045 (03/12)

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Kicks Complete Air Conditioning, Inc.
2. The principal office address: 2000 Jim Johnson Rd, Plant City, Fl.
<u> 33566</u>
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/10//20 Wocument number: POYOOS
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)
CAleb TAtum
2707 Jim Johnson Rd
Phan City, Fl. 33566 (Resigned)
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Ricky Hum
mon Jim Johnson Pd 温g 面
P.O. Box NOT acceptable
Phat City, Fl. 33566
The street address of its registered office and the street address of the business office its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or the art officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director 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.
7/14/2017
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