

PO50000076741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

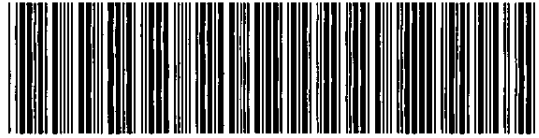
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

11/18/08--01008--014 **35.00

2008 NOV 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NR
11/21/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McPhearsons Heating and Cooling Corp.
(Name of Corporation)

DOCUMENT NUMBER: P 050000 76741

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:

Jim Harvey
(Name of Contact Person)

McPhearsons Heating and Cooling Corp.
(Firm/Company)

7310 Silver Lane
(Address)

Dayton, Ohio 45414
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Harvey at (937) 689-1191
(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
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: McPhearsons Heating and Cooling Corp.
2. The principal office address: 7310 Silver Lane
Dayton, Ohio 45414
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/25/05 Document number: P05000076741

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)

Check Mate Licensing Service
4411 Bee Ridge Rd. 257
Sarasota, Florida 34233

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

Jim Harvey
4411 Bee Ridge Rd. 584
(P.O. Box NOT acceptable)
Sarasota, Florida 34233

FILED
NOV 18 10 10 AM '08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

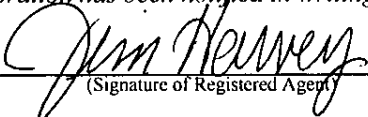
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Jim Harvey
(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)

11/14/08
(Date)

If signing on behalf of an entity:

Jim Harvey
(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