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TALLAHASSEE, FLORIDA

AUG 3 1 2018

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Kyzar Air (onditioning Inc. Name of Corpognion		
DOCUMENT NUMBER: P05 000 140891		
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:		
Mimberly Myzav Name of Contact Person		
Kyzar Air Conditioning Inc		
87 Cuyahaga Rd		
Lake Worth Fr 33417 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (561) 248.9534 Area Code & Daytime Telephone Number		
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
1. The name of the corporation: MyZav Air Conditioning, Inc. 2. The principal office address: 87 Cuyahaga Rd. Lake Worth, FC 33417
3. The mailing address (if different):
4. Date of incorporation/qualification: 10.14.2005 Document number: P05000140891
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
813 Deltona Blud Suite A PA
Dollona, FL 32725
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
himberly lyzar 87 Coychaca Road Ro. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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 directors 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 Agont S. 23.18 Date
If signing on behalf of an entity:
Kinhovly Ky 7/eV Typed 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 * * *