

PO6000

126951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

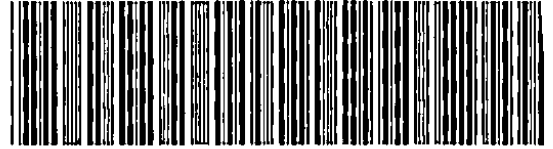
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19 OCT -7 PM 11:13
TALLAHASSEE, FLORIDA

OCT 26 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED COOLING SYSTEMS INC.
Name of Corporation

DOCUMENT NUMBER: P06000 126951

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:

JAMES OSIEL

Name of Contact Person

Firm/Company

1865 SHARPE LN

Address

DUNEDIN FL 34698

City/State and Zip Code

JIM@ACS.CO

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

For further information concerning this matter, please call:

JAMES OSIEL

Name of Contact Person

at (727) 741-1514

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: ADVANCED COOLING SYSTEMS INC
2. The principal office address: 1660 N HERCULES UNIT E
CLEARWATER FL 33765
3. The mailing address (if different): 1865 SHARPE LN DUNEDIN FL
34698
4. Date of incorporation/qualification: 10-3-2006 Document number: P06000126
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)

GARY W LYONS
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756

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TALLAHASSEE, FLORIDA

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

JAMES OSIEL
1865 SHARPE LN
DUNED FL 34698

P.O. 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.

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.

JGO PRES
Signature of an officer or director

JAMES OSIEL PRES
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.

JGO PRES
Signature of Registered Agent

JAMES OSIEL 10-3-19
Date

If signing on behalf of an entity:

JAMES OSIEL
Typed or Printed Name

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