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(Requestor's Name) (Address) (Address)	600167252226			
(City/State/Zip/Phone #)	02/23/1001035030 **157.50			
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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Vans Heating & Cooling, Inc. Name of Corporation

DOCUMENT NUMBER: P07000029979

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:

Robert J. Lerner Name of Contact Person

Vans Heating & Cooling, Inc. Firm/Company

> 1227 S.E. 47 Street Address

Cape Coral, FL 33904 City/State and Zip Code

mlerner597@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitzie Lerner	at (239)	242-2430
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 <u>FLOKIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vans Heating & COBLING, INC.
2. The principal office address: 1227 SE UTH St
Cope Coral, FL 33904
3. The mailing address (if different):Some.
4. Date of incorporation/qualification: 3-5-67 Document number: 6070000 29979
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)
Scott VOD V liet (Resigned)
18791 River Estates Lane = =
AIVA, FL 33920
6. The name and street address of the new registered agent (if changed) and /or registered office
Robert J. Lerner
1227 SE 47th St. P.O. Box NOT acceptable
Cope COTOL, FL 33904
The street address of its registered office and the street address of the business office of its registered agent,

The street address of its registered office and the street address of the business office of its registered ag 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, of the corporation has been notified in writing of the change.

gnature of an officer or cirecto

Mitzie F. Lesnez, VP.

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

2-18-10 Date

If signing on behalf of an entity:

I. Lerner

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

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