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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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Email	Address:	

## REGISTERED AGENT CHANGE 5 STAR REFRIGERATION & AIR CONDITIONING, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mgc is submitted for	a corporation organ	2, 607,1508, or 617,1508, Florida Stati ized under the lows of the State of <u>FL</u> ired agent, or both, in the State of Flori				
<ol> <li>The name of</li> <li>The principal</li> </ol>	the corporation: $\frac{5 \text{ Su}}{2309}$ office address: $\frac{2309}{2309}$	ar Retrigeration & Air	Conditioning, Inc. ROOKSVILLE, FL 34601		<del></del>		
4. Dateofincorp	oration/qualification	:	Document number: P0700010065	8			
	d street address of the rtment of State: (If re		gent and registered office on file with the	ne			
	YOUR CAPITAL C	ONNECTION, INC.					
	SSEE, FL 32301		الـ 2023				
6. The name and street address of the new registered agent (if changed) and /or registered of (ifchanged):  C T Corporation System				IALI WHASSELFE	1023 JUN -7 AM 9:07		
	1200 South Pine Island Road						
	Plantation, Florida 33		NOT acceptable				
The street addreas changed will	ess of its registered of be identical.	ffice and the street a	address of the business office of its rep	gistered a	gent,		
Such change wa authorized by th	as authorized by reso te board, or the corp	lution duly adopted oration has been not	by its board of directors or by an officified in writing of the change.	cer so			
Jall De Stada			Todd Syoboda, Vice President				
I hereby accept I further agree I further agree I of my duties, an dacument is bei corporation has C T Corporation	te of an officer or director the appointment as to to comply with the pi d I am familiar with ng filed merely to re is been notified in wri System A Addi.	registered agent and rovisions of all statu and accept the obli- flect a change in the ting of this change.	Printed or typed name and title I agree to act in this capacity, ites relative to the proper and complet gation of my position as registered ag eregistered office address. I hereby co	e perforn ent. Or i mfirm tha	ance if this it the		
	nature of Registered Agent		Date		—		
If signing on be	half of an entity:	Michele Holden, Assistant Secretary					
C T Corporation	System						
	ped or Printed Name						
		* * * # #11 187' ##:	£. €15 AA * * *				

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: