

PO8000085149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

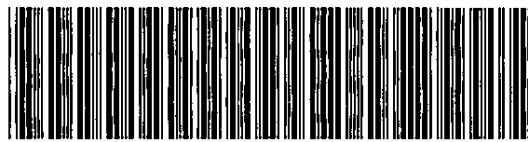
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 22 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AQUARIUS AIR CONDITIONING & REFRIGERATION INC
Name of Corporation

DOCUMENT NUMBER: P08000085149

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:

ODALYS PRADO

Name of Contact Person

AQUARIUS AIR CONDITIONING & REFRIGERATION INC

Firm/Company

13265 SW 213 ST

Address

MIAMI, FL 33177

City/State and Zip Code

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

For further information concerning this matter, please call:

ODALYS PRADO

Name of Contact Person

305 4019493

at (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: AQUARIUS AIR CONDITIONING AND REFRIGERATION INC

2. The principal office address: 15723 NW 37 AVE
MIAMI, FL 33054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/16/2008 Document number: P08000085149

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)

15723 NW 37 AVE
MIAMI, FL 33054

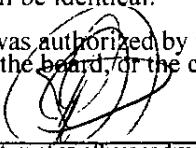
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

13265 SW 213 ST
MIAMI, FL 33177

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.

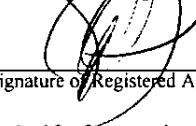
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

ODALYS PRADO

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

04/09/2014

Date

If signing on behalf of an entity:

ODALYS PRADO

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
CR2E045 (03/12)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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SECRETARY OF STATE