

P10000101369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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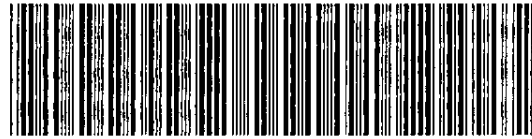
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NICE "N" COLD Auto Air Inc  
Name of Corporation

**DOCUMENT NUMBER:** P10000101369

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:

Tony JANUSZONIS  
Name of Contact Person

NICE "N" COLD Auto Air Inc  
Firm/Company

6525 W. Hillsborough Ave  
Address

TAMPA FL 33615  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tony JANUSZONIS at (813) 249-5377  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2011

TONY JANUSZONIS  
NICE "N" COLD AUTO AIR, INC.  
6525 W HILLSBOROUGH AVE  
TAMPA, FL 33615

SUBJECT: NICE "N" COLD AUTO AIR, INC.  
Ref. Number: P10000101369

We have received your document for NICE "N" COLD AUTO AIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 811A00012220

# 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NICE "N" COLD AUTO AIR, INC.
2. The principal office address: 6525 W. Hillsborough AVE  
TAMPA FL 33634
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/16/10 Document number: P10000101369

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)

ANTHONY JANUSZONIS  
210 Debbie Ann Ct  
AUBURNDALE FL 33823

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

Anthony Januszonis  
6525 W. Hillsborough AVE  
TAMPA FL 33634

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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]  
Signature of an officer or director

Anthony Januszonis  
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]  
Signature of Registered Agent

6-2-11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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