9/17/24, 9 15 AM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SOLUTIONS HEATING AND AIR, INC

Certificate of Status	0
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Corporate Filing Menu

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(((H24000316340 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga	92, 607,1508, or 617,1508, Florida Statute nized under the laws of the State of FL	s, this
		ered agent, or both, in the State of Florida	
I. The name of	the corporation: SOLUTIONS HEATING	AND AIR, INC	
	office address: 54489 Vikki Road Callaha		
3. The mailing a	ddress (if different): P.O. Box 5000 Calli	ahan, FL 32011	
		Document number: P11000025714	
5. The name and		agent and registered office on file with the	
	SMALLBIZ AGENTS, LLC		
	800 Ocala Rd., Ste 300-271		
	TALLAHASSEE, FL 32304) ;
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	
	LEGALING CORPORATE SERVICES I	NC.	• :
	476 Riverside Ave.		* '3
	P.O. Bo Jacksonville, FL. US, 32202	x NOT acceptable	7: 50
The street addre	ess of its registered office and the street be identical.	address of the business office of its regis	tered agent.
Such change was	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an office: officed in writing of the change.	r so
Signaiti	e of an officer or director	Cynthia Fouraker- vice president Printed o: typed name and title	
l hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I om familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change	nd agree to act in this capacity. utes relative to the proper and complete j igation of my position as registered agen e registered office address. I hereby conj	verformance t. Or, if this irm that the
4	Ha For	9/16/2024	
Sig	ature of Registered Agent	Date	
If signing on be	half of an entity:		
Erik Treutlein, A			
T	ped or Printed Name	TT. 626 00 6 6 6	
	* * * FILING FI	viv. 353.00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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