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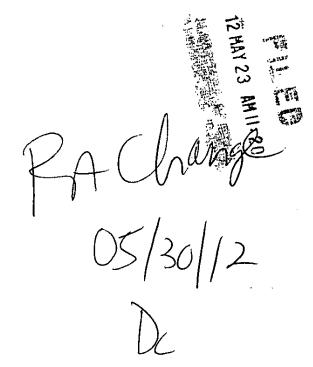
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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Register Agent

COVER-LETTER

TO: Amendment Section Division of Corporations

	Name of Corporation
OCUMENT N	JMBER:
The enclosed State	ement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Matthew Searcy Name of Contact Person
	Name of Contact Person
	Matthew's Refilgeration Services Inc Firm/Company
	Firm/Company
	621 E, Palmetto Ave
	Audicos
	Longwood FL 32750 City/State and Zip Code
	·
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call: 407 3340019
MATTHEL	SEARCY at (407) 334 0019 Ime of Contact Person Area Code & Daytime Telephone Num
Na	ime of Contact Person at (407) 334 0019 Area Code & Daytime Telephone Num

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

**Ursuant 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			
1. The name of the corporation: Matthews Refrigeration Services Inc.			
2. The principal office address: 621 E. Palmetto Ave			
Longwood FL 32750			
3. The mailing address (if different):			
4. Date of incorporation/qualification: Document number:			
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)			
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT A TAMPA, FL. 33612			
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Matthew Searcy 6. The name and street address of the new registered agent (if changed) and for registered office (if changed):			
621 E. Palmetto Ave Longwood fl 32750 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.			
Matthew Secret Signature of an officer or director 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.			
Matter Signature of Registered Agent Date			
If signing on behalf of an entity:			
Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *