## P140000003955

(Requestor's Name)								
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(Cit	ty/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VERN'S HVAC SERVICES, INC.  Name of Corporation
DOCUMENT NUMBER: \$ 1400000 2955
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:
NERNAL O. WHILBY  Name of Contact Person  VERN'S HVAC SERVICES, INC.  Firm/Company  II NW 32 <sup>nd</sup> AVE,  Address  LAUDERHILL FL 33311  City/State and Zip Code  VERNALWHILBY Q YAHOO, Lam  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VERNA D. WHILBY at (954) 709-6145  Name of Contact Person Area Code & Daytime Telephone Number
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

CR2E045 (03/12)

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

statement of chang	ovisions of sections 60 ge is submitted for a co o change its registerea	rporation or	ganized und	er the laws (	of the State	e of FU	DRIDA
	corporation:		•			,	
	fice address:					FL 3	,3311
3. The mailing add	lress (if different):	SAME					
4. Date of incorpor	ration/qualification:	1-7-201	<b>Ч</b> _ Do	ocument nun	nber: <u> </u>	40000	001955
	treet address of the cur nent of State: (If resign	_	_	registered o	office on fi	le with the	e
	2 AYUA	NHOT .	san - P	KESIGNE	0		
. –	11 NW	32 nd A	IVE, LAW.	DERHILL	f1 3	<u>331</u> 1	DIVISE
6. The name and so (if changed):	treet address of the nev	_		•			SERVICE SUBSEC
_		D. W J 32nd P.O. Box	AVE, LA				2: 55
The street address as changed will be	of its registered office identical.	e and the str	eet address o	of the busin	ess office	of its regi	istered agent,
	authorized by resolution board, or the corporat						er so
Signature	of an officer or director		-	VERNAL Printed or	P: WH typed name a	ILBY - I	PRECIDENT
I further agree to performance of m	e appointment as regi comply with the provi y duties, and I am fam document is being file at the corporation has	sions of all s iliar with an	tatutes relai	tive to the p obligation	roper and of my pos	ition as re	eoistered:
Signati	ure of Registered Agent.	1		8	- 24- 2 Date	015	,
If signing on beha				•	-		
	M D WHILBY						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)