

P14 000 071 394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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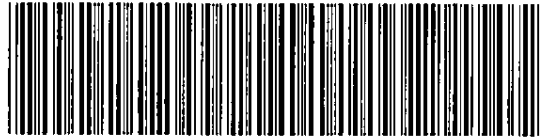
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NICE GUY MECHANICAL, INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000071394

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:

GUS GERIG

Name of Contact Person

NICE GUY MECHANICAL, INC

Firm/Company

8348 LITTLE ROAD

Address

NEW PORT RICHEY, FL 34654

City/State and Zip Code

ADMIN@NICEGUYHVAC.COM

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

For further information concerning this matter, please call:

GUS GERIG

Name of Contact Person

at ( 727 ) 247-3276

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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.

2. The principal office address: 6230 STONE ROAD, SUITE Q, PORT RICHEY, FL 34668

4. Date of incorporation/qualification: 08/27/2014 Document number: P14000071394

GUS GERIG  
8348 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

FILIZ GERIG  
8348 LITTLE ROAD  
NEW PORT RICHEY, FL 34654  
P.O. Box NOT acceptable

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.

GUS GERIG

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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.

10.31.2024

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\* Check #177

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)