## P15000027869

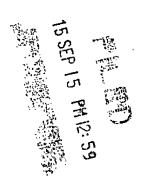
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
1		

Office Use Only



500277030375

09/15/15--01010--014 \*\*35.00



SEP 18 2015 C McNAIR

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: A.V.A.C.S INC

Name of Corporation

DOCUMENT NUMBER: P15000027869

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:

JOSHUA BUTLER	
Name of Contact Person	
•	
Firm/Company	
7461 NW 15TH ST	
Address	
PLANTATION, FL 33313	
City/State and Zip Code	

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

For further information concerning this matter, please call:

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 chai	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	the corporation: A.V.A.C.S INC office address: 7461 NW 15TH ST PLANTATION FL 33313
2. The principal	office address: 7401 1444 13111 311 EANTATION 1 E 33313
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 3/25/2015 Document number: P15000027869
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
-	7461 NW 15TH ST PLANTATION FL 33313
	च
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	4701 SW 45TH ST BLDG 18 BAY 3 0
	DAVIE FL 33314
	P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatu	JOSHUA BUTLER PRESIDENT Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
John	Bulk nature of Registered Agent Date
If signing on be	chalf of an entity:
Т	yped or Printed Name

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

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