

P150000 95576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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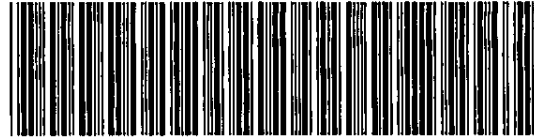
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

*Handwritten signature/initials*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cool Air Solutions of Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P 15000095576

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:

Shyan Wojtczak  
Name of Contact Person

Cool Air Solutions of Florida, Inc.  
Firm/Company

6903 Cabana Lane  
Address

\_\_\_\_\_  
City/State and Zip Code

coolairsole@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shyan Wojtczak at (772) 634-0491  
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

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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cool Air Solutions of Florida, Inc.
2. The principal office address: 6903 Cabana Lane  
Ft. Pierce, FL 34951
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/24/2015 Document number: P15000095576
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)

Registered Agents Inc.  
3030 N. Rocky Point Dr. Suite 150A  
Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shyan Wojtczak  
6903 Cabana Lane  
P.O. Box NOT acceptable  
Ft. Pierce, FL 34951

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.

Shyan Wojtczak  
Signature of an officer or director

Shyan Wojtczak  
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.*

Shyan Wojtczak  
Signature of Registered Agent

12-6-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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