P20000031125

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Charles and

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TO: Amendment Section Division of Corporations

SUDJECT	UNIVERSAL AIR CONDITIONING	DISTRIBUTOR CORP
Name of Corporatio	on .	
DOCUMENT NUM	MBER:P20000031128	
The enclosed Staten	nent of Change of Registered Office	Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter	to the following:
DASHIELL L. HERN	NANDEZ	
Name of Contact Pe	erson	
UNIVERSAL AIR C	ONDITIONING DISTRUBUTOR COR	RP
Firm/Company		
6995 NW 50TH STR	REET	
Address		
MIAMI, FL 33166		
City/State and Zip C	Code	
	UAIRDISTRIBUTOR@GM	IAIL.COM
E-mail address: (to	o be used for future annual report	notification)
For further informat	tion concerning this matter, please co	all:
DAS	SHIELL HERNANDEZ	at (786) 907-4995
Nam	ne 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is	submitted fo	or a corporation organized	07.1508, or 617.1508, Florida St under the laws of the State of _ agent, or both, in the State of Fl	FLOR		
			TONING DISTRIBUTOR CORP			
2. The principal office			IVE SUITE # 104 ORLANDO FL			
3. The mailing address	(if different	6995 NW 50TH ST	REET MIAMI,FL 33166			
4. Date of incorporation	orporation/qualification: 04/21/2020 Document number: P20000031128					
		he current registered agent resigned, enter resigned)	and registered office on file with	h the		
		MANUEL CANETY				
	3154 REGAL DARNER DR KISSIMMEE FL 34744					
	(RETIRED)					
6. The name and street (if changed):	address of t	he new registered agent (if	changed) and /or registered office		7022 JUN 1 7 PM	
		MELISSA VIJIL			ن	
-	1141 NW 56 ST MIAMI FL 33127				ယ ထ	
		P.O. Box NOT	acceptable			
			ess of the business office of its its board of directors or by an off in writing of the change.			
	. 4, 51 1.10 00	iporation has occir nonne	DASHIELL L. HERNANDEZ-P.			
Signature of an			Printed or typed name and title			
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment a plv with the familiar wi d merely to notified in v	is registered agent and ag provisions of all statutes th and accept the obligati reflect a change in the reg vriting of this change.	ree to act in this capacity. relative to the proper and comp on of my position as registered sistered office address, I hereby		rformanc Or, if thi. m that the	
It signing on behalf of	Registered Age an entity: Printed Name		/ Date			
,		* * * * FILING FEE: \$	55.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)