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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

REGISTERED AGENT CHANGE NORTH AMERICAN REFRIGERATION CO. INC.

Certificate of Status	0
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To:

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

statement of cha	nge is submitted for a corporation organ	2, 607,1508, or 617,1508, Florida Statutes, this ized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	î
1. The name of t	he corporation: NORTH AMERICAN RE	FRIGERATION CO. INC.	
2. The principal Davic, FL 33314	office address: 3811 Sw 47th Ave UNIT 6	13	
3. The mailing a	ddress (if different);		
4. Date of incorp	poration/qualification: 02/16/2021	Document number: P21000015909	
5. The name and		gent and registered office on file with the	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		
6. The name and (ifchanged):	I street address of the new registered agen	at (if changed) and /or registered office	2021 OCT 26
	C T Corporation System		7
	1200 South Pine Island Road		
		NOT acceptable	
The street addre	Plantation, Florida 33324 ess of its revistered office and the street:	address of the business office of its registered	٥
as changed win	be identical.		
Such change wa authorized by th	is authorized by resolution duly adopted ie board, or the corporation has been not	by its board of directors or by an officer so lifted in writing of the change.	
/S/ CHRIS	SMREKER	CHRIS SMREKER, SECRETARY	
Signatur	re of an officer or director	Printed or typed name and title	
corporation nas	veen nourtea in writing of this change.	I agree to act in this capacity. ites relative to the proper and complete perfo. gation of my position as registered agent. Or registered office address. I hereby confirm to	rmane · if thi hat the
C T Corporation	System	10/25/2023	
Sign	nature of Registered Agent	Date	
It signing on be	half of an entity:		
	ICK, ASSISTANT SECRETARY		
ry	sped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

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

By: