P9400000167

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Name)	
(D	ocument Number)	
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SECRETARY OF STATE

DEC 0 8 2014 C. CARROTHERS

COVER ETTER

TO:

Amendment Section Division of Corporations

SUBJECT. AIRMET A/C INC

Name of Corporation

DOCUMENT NUMBER

P94000001671

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:

MICHEL SANABRIA

Name of Contact Person

AIRMET A/C INC

Firm/Company

11521 SW 40th TER.

Address

MIAMI, FL 33165

City/State and Zip Code · · ·

airmet1993@yahoo.com

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

For further information concerning this matter, please call:

Michel Sanabria

,305 485-9797

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

•	•	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
		registered agent, or both, in the State of Florida.	
1. The name of	the corporation: AIRMET A/C	INC	
2. The principal	office address: 11521 SW 40	th TER. MIAMI, FL 33165	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/30/19	993 Document number: P9400001671	
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the resigned)	
	MICHEL SANABRIA		
	3611 SW 87th AVE.		
	MIAMI, FL 33165		
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	ا معطر العصاد
	MICHEL SANABRIA	WOEC -3	
	11521 SW 40th TER.	3 A	ļn,
	P.O. Bo MIAMI, FL 33165	ox NOT acceptable FIGURE 10: 39	D
_	ess of its registered office and the	street address of the business office of its registered agent	t ,
		dopted by its board of directors or by an officer so een notified in writing of the change.	
Signati	are of an officer or director	Michel Sanabria / President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th		ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address. I	
_		November 30, 2015	
	prature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

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