

PALE0000027212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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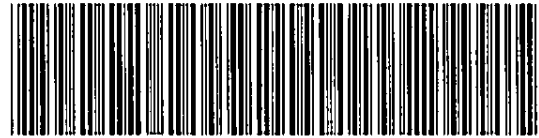
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

AUG 22 2017  
S. PRATHER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Parallel Refrigeration, Inc.  
Name of Corporation

DOCUMENT NUMBER: P96000027212

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:

Jose Dubon  
Name of Contact Person

Parallel Refrigeration, Inc.  
Firm/Company

15535 NW 83rd  
Address

Miami Lakes, FL 33016  
City/State and Zip Code

Dignetd1124@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Dubon at ( 305 ) 385-3740  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Parallel Refrigeration, Inc.
2. The principal office address: 15525 NW 83ct  
Miami Lakes, FL 33016
3. The mailing address (if different): 15476 NW 77ct  
Miami Lakes, FL 33016
4. Date of incorporation/qualification: 3/27/92 Document number: P96000027.7.2
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)

Jeffrey, Douglas, Esq.  
6625 Miami Lakes Drive East  
Suite 379 Miami Lakes, FL 33014

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

Jose Dubon  
15525 NW 83ct  
Miami Lakes, FL 33016

P.O. Box NOT acceptable

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.

[Signature]  
Signature of an officer or director

Jose Dubon  
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.

[Signature]  
Signature of Registered Agent

8/14/17  
Date

If signing on behalf of an entity:

Jose Dubon  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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