FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT-# P97000089695 / 1. Entity Name Air Cooditioners Inc. 04-11-2001 90090 041 ***158 75 Principal Place of Business Mailing Address uyos icentey avole 80211 Kewley Circle 16916160 isser 17 obcation 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11408 Kenle 80PI Civile 4. FEI Number Applied For Orlando チリ 59-3481412 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32824 しら Fee Required 1285E 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Arzola, Jose Street Address (P.O. Box Number is Not Acceptable) 11408 Kenley City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) TITLE [] Change Acdition ☐ Deiete NAME Arzola NAME Zose C STREET ADDRESS 11408 Kepley STREET ADDRESS. CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE Delete 2717 NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CHY-ST-ZiP Addition TITLE ☐ Channe TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-Z:P CITY-S1-ZIP FITLE Delete Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachment with an address

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-29-01

(w) - 293 - 623 Z