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(Re	equestor's Name)	,	
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PICK-UP	MAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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LAW OFFICES OF

COHN & MONIOUDIS, P.A.

SCOTT E. COHN
PERRY D. MONIOUDIS

800 S.E. 3RD AVENUE SUITE 200 FT. LAUDERDALE, FLORIDA 33316 TELPHONE: (954) 523-8787 Fa): (954) 523-5543

VIA FEDERAL EXPRESS

October 17, 2006

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Excel Air Conditioning of the Treasure Coast, Inc.

Dear Sir or Madam:

With regard to the above referenced corporation, enclosed please find the following documents together with the filing fee in parenthetical:

- 1. Change of Registered Office / Agent (35.00);
- Resignation of Registered Agent for a Corporation (87.50);
- 3. Officer / Director Resignation for a Corporation (35.00);
- 4. Articles of Amendment (52.50 with Certificate of Status and Certified Copy).

This law firm's check in the amount of \$210.00 is attached to this letter, which represents all of the above referenced filing fees. After filing all of these amendments, please provide the Certificate of Status and Certified Copy of the Articles of Amendment to this law firm in the enclosed envelope. Please feel free to call the undersigned should you have any questions concerning these amendments. Thank you for your assistance.

Very truly yours,

Perry\D. Monioudis

rebusinai

PDM/lo Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: EXCEL AIR CONDI	TIONING OF THE TREASURE COAST, INC. (Name of Corporation)				
DOCUMENT NUMBER: \$80429					
The enclosed Statement of Change of I	Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence conce	eming this matter to the following:				
PERRY D. MONI	OUDIS, ESQ. (Name of Contact Person)				
COHN & MONIC	OUDIS, P.A. (Firm/Company)				
800 S.E. THIRD AVENUE, SUITE 200 (Address)					
FT. LAUDERDALE, FLORIDA 33316 (City/State and Zip Code)					
For further information concerning thi	s matter, please call:				
PERRY D. MONIOUDIS, ESQ. (Name of Contact Person	at (954) 523-8787 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made paya					
Mailing Addr Amendment Division of O P.O. Box 633 Tallahassee,	Section Amendment Section Corporations Division of Corporations Clifton Building				

TO:

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

statement of cha	provisions of sections 607.0302, 617.030 inge is submitted for a corporation organ ir to change its registered office or regist	ized under the laws of the State of <u>F</u>	LORIDA		-
	the corporation: EXCEL AIR CONDITION				
	office address: 725 S.E. PORT ST. LUC				
	LUCIE, FLORIDA 34984				
3. The mailing a	ddress (if different): SAME				
4. Date of incorp	poration/qualification: 09/16/1991	Document number: S80429			
	d street address of the current registered a rement of State:	gent and registered office on file with	1 the		
	NANCY FENTON				
	725 S.E. PORT ST. LUCIE BO	ULEVARD, SUITE 203			
	PORT ST. LUCIE, FLORIDA 34	984 ,			
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered offic	SECRETA TALLAHA	2006 OCT	
	NIGEL J. JARDINE		ARY SSE	8	F
	725 S.E. PORT ST. LUCIE BO	·	1. O.	2	ED
	(P.O. Box NOT acceptable PORT ST. LUCIE, FLORIDA 3	•	STA	و.	
The street addreas changed will	ess of its registered office and the street be identical.		P registere	S ed age	nt,
Such change was	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an obtilied in writing of the change.	officer so)	
10	ure of an officer or director)	NIGEL J. JARDINE, PRESIDE			_
I havabu annart	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change	ed agree to get in this agreeits	·	formai Or, if t 1 that 1	nce his the
\sim		OCTOBER 9, 2006			
(Si	gnature of Registered Agent)	(Date)			_
If signing on be	chalf of an entity:				
	Typed or Printed Name)				
	* * * FILING FI	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)