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## **COVER LETTER**

**Division of Corporations** Automatic Control Air Conditioning. corp. SUBJECT: Name of Corporation S97061 **DOCUMENT NUMBER:** 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: Mark Adelstein Name of Contact Person Automatic Control Air Conditioning Corp. Firm/Company 20931 Via Oleander Apt. E Address Boca Raton, FL 33428 City/State and Zip Code automaticcontrol@tmo.blackberry.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 542-9477 Mark Adelstein Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization.	2, 607.1508, or 617.1508, Florida Statutes, Fflorid	, this a	
in order to change its registered office or registe	ered agent, or both, in the State of Florida.		
Automatic Control Ai	r Conditioning, Corp.		
1. The name of the corporation: 20931 Via Oleander	Apt. E. Boca Raton, FL 33428		<del></del>
2. The principal office address:		•	
000011/6-01	dor Ant. E. Done Daton El 22420	<u>\</u>	
3. The mailing address (if different):	nder Apt. E. Boca Raton, FL 33428	```	,
11-25-1991	S97061		·
4. Date of incorporation/qualification: 11-25-1991	Document number:		
<ol> <li>The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned Mark Adelstein</li> </ol>			
3769 NW 69th Way			
Parkland, FL 33067		13 DE	SECS
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office	C-6 PH 2:	FILED STORY OF SI
S769 NW 69 PORKLAND, SL	acceptable 33007	ವಿ	IATE
The street address of its registered office and the street as changed will be identical.	address of the business office of its regista	ered age	ent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer stiffed in writing of the change.	so	
Mark Adelstein. President			
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	ites relative to the proper and complete ccept the obligation of my position as reg	istered ess, I	
Marle Adelstein Signature of Registered Agent	12-4-2013		<del></del>
	Date		
If signing on behalf of an entity:			
Mark Adelstein			
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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