I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: PETER GOWING

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# J32704

Entity Name: CENTRAL AIRE CONDITIONING, INC.

Current Principal Place of Business:

12441 SUMMERWOOD DR. FT. MYERS, FL 33908

Current Mailing Address:

% PETER J. GOWING 12441 SUMMERWOOD DR FORT MYERS, FL 33908 US

FEI Number: 59-2772070

Name and Address of Current Registered Agent:

GOWING, PETER J. 12441 SUMMERWOOD DR FORT MYERS, FL 33908 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PST	Title	V
Name	GOWING, PETER J.	Name	GOWING, LYNNE E.
Address	12441 SUMMERWOOD DR	Address	12441 SUMMERWOOD DR
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908

FILED Feb 22, 2019 Secretary of State 0859341869CC

Date

Certificate of Status Desired: No

02/22/2019

Date