## 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.

### SIGNATURE: MARK DERRINGER

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# L52742

Entity Name: BOB HEINMILLER AIR CONDITIONING, INC.

### **Current Principal Place of Business:**

1537 WEST SMITH STREET ORLANDO. FL 32804

## **Current Mailing Address:**

**1537 WEST SMITH STREET** ORLANDO, FL 32804

## FEI Number: 59-3004694

# Name and Address of Current Registered Agent:

DERRINGER, MARK 1537 WEST SMITH STREET ORLANDO, FL 32804 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 Signate

## **Officer/Director Detail :**

Title	PT	Title	S
Name	DERRINGER, MARK	Name	DERRINGER, LINDA
Address	1537 WEST SMITH STREET	Address	1537 WEST SMITH STREET
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

ture of Registered Agent					
	Title	S			
RK	Name	DERRINGER, LINDA			

PRESIDENT

02/17/2025

FILED Feb 17, 2025 Secretary of State 8035730638CC

Date

Certificate of Status Desired: Yes

Date