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: DENISE J MIKOLAK

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P01000011442

Entity Name: ARIES REFRIGERATION, INC.

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

12321 WHITE PINE LANE FORT MYERS. FL 33913

## **Current Mailing Address:**

12321 WHITE PINE LANE FORT MYERS. FL 33913

# FEI Number: 65-1074319

## Name and Address of Current Registered Agent:

MIKOLAK, ROBERT J 12321 WHITE PINE LANE FT. MYERS, FL 33913 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:	: ROBERT J MIKOLAK			04/15/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	ST	
Name	MIKOLAK, ROBERT J	Name	MIKOLAK, DENISE J	
Address	12321 WHITE PINE LANE	Address	12321 WHITE PINE LANE	
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913	

Certificate of Status Desired: Yes

FILED Apr 15, 2016 Secretary of State CR6284284202

> 04/15/2016 Date

SECRETARY