#### 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: PETER J LETO

Electronic Signature of Signing Officer/Director Detail

2017	FLORIDA	PROFIT	CORPORA	TION A	NNUAL	REPORT
-						

DOCUMENT# P03000112065

Entity Name: INDEPENDENT AIR CONDITIONING INC

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

3424 EAST 7TH AVENUE TAMPA, FL 33605

## **Current Mailing Address:**

3424 EAST 7TH AVENUE TAMPA, FL 33605 US

# FEI Number: 20-0293269

## Name and Address of Current Registered Agent:

LETO, PETER P 3424 E. 7TH AVE. TAMPA, FL 33605 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	Ρ	Title	V
Name	LETO, PETER P	Name	LETO, PETER J
Address	PO BOX 5124	Address	3424 E. 7TH AVE.
City-State-Zip:	SUN CITY CENTER FL 33571	City-State-Zip:	TAMPA FL 33605

Certificate of Status Desired: No

01/06/2017

Date

Date

# FILED Jan 06, 2017 Secretary of State CC8306675248

VP