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

Name and Address of Current Registered Agent:

Electronic Signature of 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:

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

3424 EAST 7TH AVENUE TAMPA, FL 33605

Current Mailing Address:

3424 EAST 7TH AVENUE TAMPA, FL 33605 US

FEI Number: 20-0293269

DOCUMENT# P03000112065

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: INDEPENDENT AIR CONDITIONING INC

Current Principal Place of Business:

Certificate of Status Desired: No

V

01/22/2024

Date

FILED Jan 22, 2024 Secretary of State 6867903711CC

Date