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: ADAM B EMANUEL

Electronic Signature of Signing Officer/Director Detail

## Entity Name: ARNOLD'S AIR CONDITIONING OF SOUTH FLORIDA, INC.

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

1413 SE CONFERENCE CIRCLE STUART, FL 34997

#### **Current Mailing Address:**

1413 SE CONFERENCE CIRCLE STUART. FL 34997 US

## FEI Number: 47-4662189

#### Name and Address of Current Registered Agent:

EMANUEL, ADAM 1413 S.E. CONFERENCE CIRCLE STUART, FL 34997 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	PRESIDENT, TREASURER	Title	VP, SECRETARY
Name	EMANUEL, ADAM	Name	TRAVIESO, JORDAN SCOT
Address	1413 SE CONFERENCE CIRCLE	Address	2016 SUGAR MAPLE DR
City-State-Zip:	STUART FL 34997	City-State-Zip:	PALM BEACH GARDENS FL 33410

# Certificate of Status Desired: Yes

07/27/2021 Date

FILED Jul 27, 2021 Secretary of State 3316264162CC

Date

PRESIDENT