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.

TREASURER

#### DOCUMENT# P95000047557

#### Entity Name: AIR CONDITIONING BY FLORIDA COMFORT SYSTEMS, INC.

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

3945 TOLLHOUSE DRIVE UNIT 907 NAPLES, FL 34114

### **Current Mailing Address:**

3945 TOLLHOUSE DRIVE **UNIT 907** NAPLES, FL 34114 US

#### FEI Number: 65-0586742

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

COLEMAN, J MICHAEL 2640 GOLDEN GATE PARKWAY SUITE 304 NAPLES, FL 34105 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	PD	Title	TRSE	
Name	MARTIN, DENIS JR	Name	MARTIN, AMY .	
Address	3945 TOLLHOUSE DRIVE #907	Address	3945 TOLLHOUSE DRIVE, #907	
City-State-Zip:	NAPLES FL 34114	City-State-Zip:	NAPLES FL 34114	

SIGNATURE: AMY L MARTIN

I

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 27, 2020 Secretary of State 6151830368CC

Certificate of Status Desired: No

01/27/2020 Date

Date