The above named entity submits this statement for the purpose of changing its registered office or registered agent, o					
SIGNATURE:					
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title I	PSD	Title	VTD		

or both, in the State of Florida.

# DOCUMENT# P93000079625

Entity Name: SABAL AIR-VAC, INC.

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

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

93 DELANNOY AVE PH904 COCOA, FL 32922

## **Current Mailing Address:**

93 DELANNOY AVE PH4 COCOA, FL 32922 US

## FEI Number: 59-3213862

## Name and Address of Current Registered Agent:

ROCKWELL, JUDY 93 DELANNÓY AVE. PH4 COCOA, FL 32922 US

Т S

Officer/Director Detail :				
Title	PSD	Title	VTD	
Name	ROCKWELL, JUDY	Name	WILLEKE, ROBERT NJR	
Address	93 DELANNOY AVE PH4	Address	93 DELANNOY AVE PH4	
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32922	

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: ROBERT N WILLEKE JR.

VTD

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date