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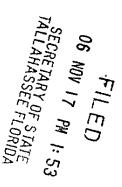
(Re	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
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Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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To the same of the

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ECT: Radco Refrigeration and Applianc	ces, Incorporated :				
DOC	UMENT NUMBER: S92400					
	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.				
	return all correspondence concerning this matter					
	Robin A Delardi (Name of Contact Person)					
	(Name of Con	nact Person)				
	Radco Refrigeration and Appliances, Incorporated					
	(Firm/Co					
		·				
	7245 Blad	ckbird Ave				
	(Addr					
	Weeki Wachee,	FL 34613				
	(City/State and Zip Code)					
For fu	orther information concerning this matter, please co	all:				
Robir	n A. Delardi	at (352) 279-5800 (Area Code & Daytime Telephone Number)				
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclo	sed is a \$35.00 check made payable to the Departs	ment of State.				
	•					
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Suge is submitted for a corporation organized under the laws of the State of \underline{F} to change its registered office or registered agent, or both, in the State of Flo	lorida		-
1. The name of the	ne corporation: Radco Refrigeration and Appliances, Incorporated			
	office address: 283 Peach Tree Dr Spring Hill, FL 34608			
3. The mailing ac	Idress (if different): 7245 Blackbird Ave Weeki Wachee, FL 34613			
4. Date of incorp	oration/qualification: 11/06/1991 Document number: S92400			
5. The name and Florida Depart	street address of the current registered agent and registered office on file with ment of State:	the		
	Robin A Delardi			
	283 Peach Tree Dr. Spring Hill, FL 34608			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETAI TALLAHAS	06 NOV	<u> 11</u>
	Robin A Delardi 7245 Blackbird Ave. Weeki Wachee, FL 34613 (P.O. Box NOT acceptable)	RY OF STATE SEE FLORIDA	17 PH 1: 53	LED.
The street address as changed will	es of its registered office and the street address of the business office of its be identical.	registered	•	ıt,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an ce board, or the corporation has been notified in writing of the change.	officer so		
- Canal	Robin A Defend an officer or director) (Printed or typed name and tit			_
I hereby accept if further agree to of my duties, and document is feir	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply a familiar with and accept the obligation of my position as registered agentled parely to reflect a change in the registered office address, I hereby been polified in writing of this change.	·	orman r, if th that ti	ice his he
(Sig	nature of Registered Agent) (Date)			-
If signing on bel	nalf of an entity:			
	Robin A Delardi			
(1)	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)