

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L25000045088**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@LICENSESETC.COM

**LLC REGISTERED AGENT CHANGE  
OCEAN AIR HEATING & COOLING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2025 FEB 11 PM 4:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FEB 12 2025

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN AIR HEATING & COOLING LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA MACHADO GAMERO

Name of Person

Firm/Company

1405 COVINGTON CIR W

Address

FORT MYERS FL 33919

City/State and Zip Code

CAROLINAMALVESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA MACHADO GAMERO

786

562313

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>OCEAN AIR HEATING &amp; COOLING LLC</u>	
2. (a) <u>1405 COVINGTON CIR W</u>	(b) <u>1405 COVINGTON CIR W</u>
Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> )	Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> )
<u>FORT MYERS FL 33919</u>	<u>FORT MYERS FL 33919</u>
<u>01/27/2025</u>	<u>L25000045088</u>
3. <u>JOSE GAMERO</u>	4. <u>Document number</u>
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1405 CONVINGTON CIR W</u> Registered Office Address <b>(MUST BE FLORIDA STREET ADDRESS)</b> <u>FORT MYERS, FL 33919</u>	
(b) <u>CAROLINA MACHADO GAMERO</u> Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> : <u>1405 CONVINGTON CIR W</u> <b>NEW Registered Office Address</b> : <u>FORT MYERS, FL 33919</u>	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jose Gamero  
Signature of a member or authorized representative of a member

JOSE GAMERO  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00