

ACCOUNT NO. : 072100000032

REFERENCE : 283895

5034981

AUTHORIZATION

COST LIMIT

ORDER DATE: November 1, 2001

ORDER TIME : 1:34 PM

ORDER NO. : 283895-005

CUSTOMER NO: 5034981

CUSTOMER: Ms. Ana M. Menendez

Watsco, Inc. Suite 901

2665 South Bayshore Drive Coconut Grove, FL 33133

## CHANGE OF AGENT

NAME: WATSCO, INC.

700004663227--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER:

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

	e provisions of sections 607.050		
	d corporation organized under to lowing statement in order to cha		
the State of Flo		inge im registered office o	r registered ageing or com, in
•	f the corporation:		
WATSCO, I	NC.		
2. The mailing	address of the corporation:		
2665 8001	TH BAYSHORE DRIVE, SUITE 901,	COCONUT GROVE, FLORID	A 33133
3. Date of inco	orporation/qualification: JULY 1	4, 1956 Document	number: 194593
	nd address of the current registere		
	BARRY LOGAN		
	2665 SOUTH BAYSHORE DRIVE,	SUITE 901	
	COCONUT GROVE, FLORIDA 3313	3	- NH ON -
2665 SOUTH BAYSHORE DRIVE, SUITE 901  COCONUT GROVE, FLORIDA 33133  5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)			
	Corporation Service Company		
	1201 Hays Street		<b>₩</b>
	Tallahassee, Florida 32301		
	ress of its registered office and t ged, will be identical.		
Such change vauthorized by	vas authorized by resolution dul the board.	y adopted by its board of	directors or by an officer so
an m	e of an officer, chairman or vice chairman		10/30/01
(Signatur	e of an officer, chairman or vice chairman	of the board)	(Date)
ANA M. MENEND	EZ, ASSISTANT SECRETARY		· · · · · · · · · · · · · · · · · · ·
corporation, I I further agree performance of registered age		as registered agent and a copy of all statutes relative to the copy of the obligation and accept the obligations.	as for the above stated agree to act in this capacity. he proper and complete ation of my position as
	Selvorah D Skipper	)	11-1-01 (Date)
	(Signature of Registered Agent)		(Date)
If signing on bel	nalf of an entity:	Deborah D. Skipper Asst. Secretary	
	(Typed or Printed Name)		(Capacity)
	*** FTT.T	NG FEE: \$35.00 * * *	

CR2E045(9/00)