

ACCOUNT NO. : 072100000032

283895 REFERENCE :

5034981

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 1, 2001

ORDER TIME : 1:52 PM

ORDER NO. : 283895-065

CUSTOMER NO: 5034981

CUSTOMER: Ms. Ana M. Menendez

Watsco, Inc. Suite 901

2665 South Bayshore Drive Coconut Grove, FL 33133

CHANGE OF AGENT

NAME: GEM CREDIT CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

ROA Charge

EXAMINER:

100004663381--3

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

Pursuant to the provisions of secti the undersigned corporation organ	ions 607.0502, 617.0502, ized under the laws of the	607.1508, or 617.1508, F	lorida Statutes,	,
submits the following statement in			ent or hoth in	<del>-</del>
the State of Florida.	38	nou ognoo on rogistereu ug	eni, or boin, in	
1. The name of the corporation:				
GEM CREDIT CORPORATION				
2. The mailing address of the corpor	ration :			
2151 WEST HILLSBORO BOULEVE				
3. Date of incorporation/qualification	on: _JUNE 28, 1985	_Document number: _ н64:	247	<u> </u>
4. The name and address of the curre				
KENNETH A. PERKINS			=	
GEMAIRE DISTRIBUTO	ORS, INC.		OI N	
DEERFIELD BEACH,			\$ 0	3 8
5. The name and address of the new	registered agent (if change (P. O. Box Not Accepta	ed) and/or registered office ble)	(ifteninged):	
Corporation Service	ce Company		F Si	
1201 Hays Street			33 PATE DRIC	
Tallahassee, Flori		-	) ) ('''	
The street address of its registered or agent, as changed, will be identical.	office and the street addres	ss of the business office of	its registered	
Such change was authorized by reso authorized by the board.	olution duly adopted by its	s board of directors or by a	ın officer so	
		10/20	/01	
(Signature of an officer, chairman or	vice chairman of the board)	10/30 (Date)	101	
NA M. MENENDEZ, ASSISTANT SECRE (Printed or typed nar			113 .	
Having been named as registered a corporation, I hereby accept the apfurther agree to comply with the performance of my duties, and I amegistered agent.	gont and to account account	e of process for the above s gent and agree to act in th clative to the proper and c the obligation of my posit	stated is capacity. omplete. ion as	
(Signature of Registered Age	kipper	//-/-01 (Date)		
<del>-</del>	•	<b>(</b> )		- '-
f signing on behalf of an entity:	Deborah D. Skippe Asst. Secretary	PE		
(Typed or Printed Name)		(Capacity)		-
*	* * FILING FEE: \$35.00	0 * * *		

CR2E045(9/00)