

J74787

Requester's Name

HURRICANE DISTRIBUTION AND WAREHOUSE CO.
P.O. BOX 10464
POMPANO BEACH, FL. 33061-6464

000003590530--6
-01/29/01--01116--014
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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STATE
SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
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- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Address Chg.
V SHEPARD JAN 31 2001

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hurricane Distribution and Warehouse Company

2. The mailing address of the corporation: P. O. Box 10464

Pompano Beach, FL 33061-6464

3. Date of incorporation/qualification: 05/26/87 Document number: J74787

4. The name and address of the current registered agent and office:

JoAnn Kirkpatrick

5535A N. W. 35th Av.

Ft. Lauderdale, FL 33309

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

JoAnn Kirkpatrick

6250 N. W. 28th Way

Ft. Lauderdale, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

JoAnn Kirkpatrick
(Signature of an officer, chairman or vice chairman of the board)

01/24/01
(Date)

JoAnn Kirkpatrick Vice-President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

JoAnn Kirkpatrick
(Signature of Registered Agent)

01/24/01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

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