374787

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			

Office Use Only



600037810306

09/27/04--01037--017 **35.00

OH SEP 27 AM 9: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO:	Amendment Section Division of Corporations				
~~~~	Hurricane Distribution and Warehouse Company				
SUBJECT: Hurricane Distribution and Warehouse Company (Name of corporation)					
	• • •				
DOCUMENT NUMBER: J74787					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JoAnn Kirkpatrick					
	(Name of contact person)				
Hurricane Distribution and Warehouse Company (Firm/Company)					
P. O. Box 10464 (Address)					
Downson Dosch El 22051 6464					
Pompano Beach, FL 33061-6464 (City/state and zip code)					
For further information concerning this matter, please call:					
JoAnn	Kirkpatrick at ( 954 ) 970-4543				
•	Kirkpatrick at (954 ) 970-4543  (Name of contact person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319				

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

	- <del>"</del>	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida
		ered agent, or both, in the State of Florida.
1. The name of	the corporation: Hurricane Distribution at	nd Warehouse Company
	office address: 751 N. W. 33rd Street, S	
3. The mailing a	address (if different): P. O. Box 10464, P	ompano Beach, FL 33061-6464
4. Date of incor	poration/qualification: May 26, 1987	Document number: J74787
	d street address of the current registered a rtment of State:	gent and registered office on file with the
	JoAnn Kirkpatrick	
	6250 N. W. 28th Way	ALLO SE SE
	Ft. Lauderdale, FL 33309	P 27
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office
	JoAnn Kirkpatrick	
	751 N. W. 33rd Street, Suite 190	
	(P.O. Box NOT acceptable)	
	Pompano Beach, FL 33064	· · · · · · · · · · · · · · · · · · ·
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an officer so tified in writing of the change.
Signat	ure of all officer or director)	JoAnn Kirkpatrick, Vice-President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Dan	2 Tistastrick	October 1, 2004
	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
JoAnn Kirkpatri		
C	Typed or Printed Name)	

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