

ACCOUNT NO. : 072100000032

REFERENCE

283895

5034981

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DĀTE : November 1, 2001

ORDER TIME : 1:39 PM

ORDER\_NO. : 283895-015

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 INVESTMENTS II, INC.

800004663228--9

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER:

ROA Harge

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

		<i>607.0502, 617.0502, 607.15</i>		)8, Florida Statu	ites,
		d under the laws of the State of		<u> </u>	
suomits the jo the State of Fl		er to change its registered off	fice or registere	ed agent, or both	ı, in
-	of the corporation:				
WATSCO II	NVESTMENTS II, INC.			-	
2. The mailing	g address of the corporati	on:			
2665 SOU	TH BAYSHORE DRIVE, SU	ITE 901, COCONUT GROVE, FLO	ORIDA 33133		
3. Date of inc	orporation/qualification:	JUNE 27, 1986 Docum	ment number:	M34425	
		registered agent and office:	·		
	BARRY LOGAN			Āς	0
	2665 SOUTH BAYSHORE	DRIVE	<del></del> ,	LCC A	= 86
	COCONUT GROVE, FLORI	DA 33133	·	H ASS	)\\ -
5. The name a		gistered agent (if changed) and P. O. Box Not Acceptable)	/or registered o	office (if changed	
	Corporation Service	Company		HOR VIS	3: 40
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·	IDA.	0
	Tallahassee, Florida	32301		<u>.</u>	
The street add agent, as chan	ress of its registered offi ged, will be identical.	ce and the street address of th	ne business offi	ice of its register	ed
Such change v authorized by	was authorized by resolu the board.	tion duly adopted by its board	d of directors or	r by an officer so	)
ame in			- 10)	30 /01	
(Signature	e of an officer, chairman or vice	chairman of the board)	(D	Pate)	
NA M. MENEND	EZ, ASSISTANT SECRETAI				
torporation, i I further agree performance o registered age	mereby accept the appoint to comply with the proving my duties, and I am fa and	and title) Int and to accept service of pro intment as registered agent an visions of all statutes relative miliar with and accept the ob	ocess for the ab nd agree to act to the proper a ligation of my	pove stated in this capacity and complete position as	
Deliona	h XO Skipper		11-1-01		
""	(Signature of Registered Agent)		(Date)	- Mar 1 = -	
If signing on beh	alf of an entity:	Deborah D. Skipper Asst. Secretary			
	(Typed or Printed Name)		(Capacity)	. 55%	
	* * *	FILING FEE: \$35.00 * * *	•		

CR2E045(9/00)