



ACCOUNT NO. : 072100000032

REFERENCE

283895

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: November 1, 2001

ORDER TIME : 1:38 PM

ORDER NO. : 283895-010

CUSTOMER NO: 5034981

CUSTOMER:

Ms. Ana M. Menendez

Watsco, Inc. Suite 901

2665 South Bayshore Drive Coconut Grove, FL 33133

CHANGE OF AGENT

900004663229---6

NAME: WATSCO INVESTMENTS I, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER:

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:
WATSCO INVESTMENTS I, INC.
2. The mailing address of the corporation:
2665 SOUTH BAYSHORE DRIVE, SUITE 901, COCONUT GROVE, FLORIDA 33133
3. Date of incorporation/qualification:
4. The name and address of the current registered agent and office:
BARRY LOGAN
2665 SOUTH BAYSHORE DRIVE
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
Tallahassee, Florida 32301
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.
an 10/30/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
ANA M. MENENDEZ, ASSISTANT SECRETARY
(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.
Weborah W. Skipper 11-1-01 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Deborah D. Skipper
(Typed or Printed Name) Asst. Secretary (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS