

REFERENCE :

269437

5034981

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 27, 2001

ORDER TIME: 1:53 PM

ORDER NO. : 269437-005

CUSTOMER NO: 5034981

CUSTOMER: Ms. Ana M. Menendez

Watsco, Inc. Suite 901

2665 South Bayshore Drive Coconut Grove, FL 33133

## CHANGE OF AGENT

NAME: CP DISTRIBUTORS INC.

500004699236--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX 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, 607.150 The undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered offi	
the State of Florida.	
1. The name of the corporation :	
CP DISTRIBUTORS INC.	
2. The mailing address of the corporation :	
13202 "I" STREET, OMAHA, NEBRASKA 68137	
3. Date of incorporation/qualification: JANUARY 8, 1997 Docu	ment number: <u>P97000001880</u>
4. The name and address of the current registered agent and office:	
ANA M. MENENDEZ	<u> </u>
2665 SOUTH BAYSHORE DRIVE, SUITE 901	THE STATE OF THE S
COCONUT GROVE, FLORIDA 33133-2525	AST N
5. The name and address of the new registered agent (if changed) and (P. O. Box Not Acceptable)	Vor registered office (if changed):
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of thagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board.	d of directors or by an officer so
	Nov. 19, 2001
(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 processory of the corporation, I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the obregistered agent.	ocess for the above stated nd agree to act in this capacity. to the proper and complete oligation of my position as
Deborah & Skipper	11-27-01 (Date)
(Signature of Registered Agent)  If signing on behalf of an entity:  Deborah D. Skipper Asst. V. Pres.	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)