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TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

ouse Inc SUBJECT (Name of corporati

DOCUMENT NUMBER:

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:

Name o person a ame of firm/company) E Address (City/state and zip code)

For further information concerning this matter, please call:

at ((Name of 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 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of horica in order to change its registered office or registered agent, or both, in the State

- of Florida. 1. The name of the corporation: North Opa Locka Warehouse, Inc. 2. The principal office address: <u>3300 SWIII AVENUE</u> Davie, FL 33330 3. The mailing address (if different): <u>P. O. Box 540538</u>
- 4. Date of incorporation/qualification: 03/04/1999 Document number: P99000010
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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, or the corporation has been notified in writing of the change.

of the hoard) (Printed or typ

Increby 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

If signing on behalf of an entity:

(Typed or Printed Name)

Signature of Registered Agent

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314