Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : CTPROCOMPLY Account Number : 120100000053 : (608)827-5300 Phone : (608)827-5501 Fax Number

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REGISTERED AGENT CHANGE KSAFE CORP.

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Corporate Filing Menu

8/4/2010

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize r to change its registered office or registere	ed under the laws of the State of <u>Illi</u> i	nois	5
1. The name of t	he corporation: KSafe Corp.			44
2. The principal	office address H22 N Western Avenue, Chi			
		1		
3. The mailing a	ddress (if different):		- -	,
4. Date of incorp	porntion/qualification: 8/9/2004	Document number: F	04000004	1581
	d street address of the current registered age trment of State: (If resigned, enter resigned)		the	
	NRAI SERVICES, INC.			
	2731 EXECUTIVE PARK DRIVE, SUITE	4 .		
	WESTON FL 33331			10
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office		4-914
	C T Corporation System .			R
	1200 South Pine Island Road		J	Ö (
	P.O. Box NOT a	cceptable	Del.	
	Plantation, FL 33324		ų, bý	
The street address changed will	ess of its registered office and the street ac be identical.	dress of the business office of its	registered	f agent,
Such change was	as authorized by resolution duly adopted he board, or the corporation has been noti-	y its board of directors or by an olited in writing of the change.	fficer so	
ore Signatu	tta hulerone	Loretta Mulcrone, Secre	-	<u>. </u>
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as registered agent and to comply with the provisions of all statut ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s leen notified in writing of this change.	agree to act in this capacity es relative to the proper and comp ation of my position as registered t registered office address, I hereby	lete perfa agent. O confirm	ormance r, if this that the
By:	Mu	7-27-10		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			•
	Mark Williams, AVP, CT Corporation Sy	stem		•
T	'yped or Printed Name	4		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

H100001762073

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