

F 10000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

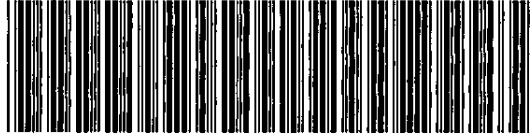
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700278024727

10/13/15--01015--013 \*\*35.00

FILED  
2015 OCT 13 AM 9:19  
SECRETARY OF STATE  
TAMM SYSTEMS CENTER

10/14/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PLATINUM SCAFFOLDING SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F10000000505

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:

Myra Simmons  
Name of Contact Person

Capitol Services Registered Agent Department  
Firm/Company

800 Brazos Ste 400  
Address

Austin, TX 78701  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Simmons at ( 800 ) 345-4647  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 MISSOURI \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PLATINUM SCAFFOLDING SERVICES, INC.
2. The principal office address: 350 GLENBOROUGH DR, SUITE 100  
HOUSTON, TX 77067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/29/2010 Document number: F10000000505
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NORTHWEST REGISTERED AGENT, LLC  
3030 N. ROCKY POINT DRIVE, STE 150A  
Street Address  
TAMPA FL 33607  
City State Zip Code

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

Capitol Corporate Services, Inc.  
155 Office Plaza Drive, Suite A  
Street Address P.O. Box NOT acceptable  
Tallahassee FL 32301  
City State Zip Code


FILED  
2015 OCT 13 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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.

 MARK ALBANESE VICE PRESIDENT  
Signature of an officer or director Printed or typed name and title

*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. 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.*

 10-9-15  
Signature of Registered Agent Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.  
Typed or Printed Name

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