

Florida Department of State

Division of Corporations **Public Access System**

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Division of Corporations

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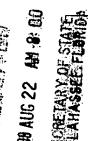
: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

: (770)777-2091

Fax Number

: (770)220-1943



REGISTERED AGENT CHANGE

FOREFRONT HOLDINGS, INC.

Certificate of Status	0
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8/22/2008

STATEMENT	T OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT C FOR CORPORATIONS ((H 0800) 9	R BOTH	2 2	11
Duveriont to the r	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu			70
	ange is submitted for a corporation organized under the laws of the State of Flor			
	er to change its registered office or registered agent, or both, in the State of Flori			
*	the corporation: ForcFront Holdings, Inc.			············
2. The principal	office address: 835 Bill Jones Industrial Drive Springfield, TN 37172			
_, , ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification: 03/22/1999 Document number: P99000028235			_
	d street address of the current registered agent and registered office on file with the	ne		
	CFRA, LLC			
	4221 W. BOY SCOUT BOULEVARD 10 TM FLOOR			
	TAMPA FL 33607-5736	Zig.	JO:	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :		AUG	ij
	NRAI Services, Inc.	到至	22	Te de
	2731 Executive Park Drive, Suite 4		72	
	(P.O. Box NOT acceptable)		Ņ	•सम्.″
	Weston, FL 33331	思河。	\bar{z}	
The street addre	ess of its registered office and the street address of the business office of its regis I be identical.	tered agent	,	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	· 80		
_//	Richard M. Gozia Chief Executive Offi	cer		
V. 4	tture of an officer opportunity) (Printed or typed name and title)			
I further agrêe i of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to the proper and complete to the familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. I hereby confus been notified in writing of this change.	verformand t. Or. if this irm that th	38 \$ e	
mq	ny Paris 8 22/2008			
(Si ₁	Signature of Registered Agent) (Dato)			
If signing on be	chalf of an entity:			
NRN Se	ERVICES In C. Mary Paris, Assistant Secret	*PH		
(* * * FILING FEE: \$35.00 * * *	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314