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Division of Corporations

TRIAD

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

FILED
09 AUG 22 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
2008 AUG 22 AM 8:00
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TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE
FOREFRONT HOLDINGS, INC.

Certificate of Status	0
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Handwritten signature and date: 8/22/08

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

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

- 1. The name of the corporation: ForeFront Holdings, Inc.
2. The principal office address: 835 Bill Jones Industrial Drive Springfield, TN 37172
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/22/1999 Document number: P99000028235
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CFRA, LLC
4221 W. BOY SCOUT BOULEVARD 10TH FLOOR
TAMPA FL 33607-5736

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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TALLAHASSEE

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.

[Signature] Richard M. Gozia Chief Executive Officer
(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.

[Signature] 8/22/2008
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
NRAI Services, Inc. Mary Paris, Assistant Secretary
(Typed or Printed Name)

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

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

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