

489274

Florida Department of State  
Division of Corporations  
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H110001804243ABCV

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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA  
Account Number : I20080000085  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jbaden@triadpros.com

**REGISTERED AGENT CHANGE  
W. & O. SUPPLY, INC.**

Certificate of Status	0
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Page Count	01
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July 14, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

W. & O. SUPPLY, INC.  
W & O SUPPLY, INC.  
P.O. BOX 3907  
JACKSONVILLE, FL 32206US

SUBJECT: W. & O. SUPPLY, INC.  
REF: 489274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE DELETE THE PERIOD BEFORE THE "O" AND PLACE IT AFTER THE "O" IN THE CORPORATE NAME. THE CORPORATE NAME IS W. & O. SUPPLY, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H11000180424  
Letter Number: 511A00016723

RECEIVED  
11 JUL 14 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(CC4110001804243)))

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

1. The name of the corporation: W. & O. Supply, Inc.
2. The principal office address: 2677 PORT INDUSTRIAL DR.  
JACKSONVILLE FL 32226
3. The mailing address (if different): P.O. BOX 3907  
JACKSONVILLE FL 32206
4. Date of incorporation/qualification: 11/12/1975 Document number: \_\_\_\_\_
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)

F&L CORP.ONE INDEPENDENT DRIVE, SUITE 1300JACKSONVILLE FL 32202 US

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

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.

/s/David Watkins

Signature of an officer or director

David Watkins, Sec and Treasurer

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.

Kristen Rahm  
Signature of Registered Agent

7/12/2011

Date

If signing on behalf of an entity:

Kristen Rahm, Asst Secretary to NRAI

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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