Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

R. WHILE

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: {561)694-8107

Fax Number

: (561)694~1639

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

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8-14H 7

REGISTERED AGENT CHANGE

STHE NATIONAL FALLEN FIREFIGHTERS FOUNDATION INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

1. The name of the co	orporation is: The Na	tional Fallen Fir	efighters Foundation	
2. The principal offic	e address: P.O. Draw	ver 498		
Emmitsburg MD	21727			
3. The mailing address		W 20TH STRE	ET, SUTTE 300	
KANSAS CITY	MO 64108	_		
4. Date of incorporati	ion/qualification:	4/4/2002	Document Number:	F02000001770
 The name and stre Florida Department 		ent registered ag	ent and registered office of	on file with the
COR	PORATION SERVICE	COMPANY		₹ <u>24 </u>
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TAL	LAHASSEE FL 32301			>= >= 1
The name and stre (if changed):	et address of the new	registèred agen	(if changed) and /or regi	$f_{T} = 0$
	porate Creations Net	work Inc.		ma [m
-, -	80 Prosperity Farms			
_ <u>_x</u>	(P.O.	Box Not acceptable)		- Maria 🙃
	n Beach Gardens Fl	·		<u>\$</u>
The street address o agent, as changed wi	f its registered officill be identical.	e and the street	address of the business of	office of its registered
Such change was au authorized by the box	thorized by resolution and or the corporation	on duly adopted n has been notifi	l by its board of director ed in writing of the chang	rs or by an officer so ge.
Kathlews (Signature of	ah erneer er director		by Kathleen Lange as Attorney (Printed or Typed na	r-in-Fact me and title)
I further agree to coperformance of my dagent Or, if this do	comply with the pro uties, and I am famili cument is being filed	visions of all s lar with and acc d merely to refle	igree to act in this capach tatutes relative to the p ept the obligation of my p ct a change in the registe vriting of this change.	roper and complete position as registered
	(Signature of Registered Agent) 05/07/2			
• •	,		(Date	y.
If signing on behalf of	of an entity:			
Jessica Morales, Spe (Typed or P	cial Secretary	- Charles - Land		
	MARIE CHIESTO	74344 PM = = 0 Ft :		3em 4 mm

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

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107 May 8, 2014.

Department of Business and Professional Regulation Central License Intake 1940 N. Monroe Street Tallahassee, FL 32399

To Whom It May Concern:

I recently applied for the change of status of my Certified Mechanical License #CMC1250060 from Inactive to Active Qualifying a Business. I received a deficiency regarding that application #17283.

The deficiency stated that no officers were listed for Glacier Mechanical, Inc on Sunbiz. Please see the Secretary of State's website to show that our corporate filing now reflects that I, Raymond N Suggs, am listed as the sole officer of the corporation.

Thank you for your consideration and your assistance in expediting my application. If you need any additional information, please contact my associate Lisa Adams at (239) 777-8321.

Best regards,

Raymond Nathan Suggs 525-51-9763