

FO2000002650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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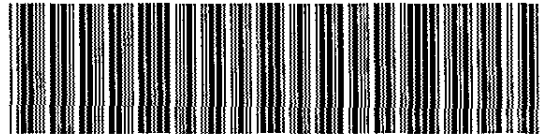
(Business Entity Name)

(Document Number)

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M. H. ...

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael Brady Inc.  
(Name of corporation)  
F02000002650

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Mrs. Carol Smith  
(Name of person)

Michael Brady Inc.  
(Name of firm/company)

299 N. Weisgarber Road

(Address)

Knoxville, TN 37919

(City/state and zip code)

For further information concerning this matter, please call:

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DIVISION OF CORPORATIONS

Carol Smith

(Name of person)

865 584-0999

at ( )  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 12, 2004

MRS. CAROL SMITH  
% MICHAEL BRADY, INC.  
299 N. WEISGARBER RD.  
KNOXVILLE, TN 37919

SUBJECT: MICHAEL BRADY, INC.  
Ref. Number: F02000002650

We have received your document for MICHAEL BRADY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 904A00023612

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DIVISION OF CORPORATIONS

The enclosed document is being returned to you, government business only. If you are a business entity, please return this document to the address on the enclosed document. If you are an individual, please return this document to the address on the enclosed document. If you are a business entity, please return this document to the address on the enclosed document. If you are an individual, please return this document to the address on the enclosed document.

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

- 1. The name of the corporation: Michael Brady, Inc.
2. The principal office address: 299 N. Weisgarber Road, Knoxville, TN 37919
3. The mailing address (if different):
4. Date of incorporation/qualification: May 21, 2002 Document number: F02000002650

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc
526 E. Park Avenue
Tallahassee FL 32301

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TALLAHASSEE, FLORIDA

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

W. Carl Taylor
c/o Michael Brady Inc
901 N. Lake Destiny Drive, Suite 151
Maitland, FL 32751
(P.O. Box or personal mailbox NOT acceptable)

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.

Michael G. Brady, 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.

W. Carl Taylor (Signature of Registered Agent) 29 March 2004 (Date)

If signing on behalf of an entity:
W. Carl Taylor (Typed or Printed Name) Vice President (Capacity)

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

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