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ACCOUNT NO. : I2000000195

REFERENCE : 700538 5123697

AUTHORIZATION : /

COST LIMIT : \$.35..00

ORDER DATE: June 24, 2013

ORDER TIME : 4:55 PM

ORDER NO. : 700538-005

CUSTOMER NO: 5123697

CHANGE OF AGENT

NAME: MICHAEL BRADY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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
Michael Brady Inc.
2. The principal office address: 299 N. Wesigarber Road Knoxville, TN 37919
3. The mailing address (if different):
1. Date of incorporation/qualification: 05/21/02 Document number: F02000002650
Florida Department of State: (If resigned, enter resigned)
Malenock, Scott D
100 Colonial Center Pkwy. Ste 230
Lake Mary, FL 32746-4770
i. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, is 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.
Louis J. Cortina, President
Signature of an officer or director Printed or typed name and title Thereby accept the appointment as registered agent and agree to act in this capacity. Signature of the provisions of all statutes relative to the proper and complete verformonce of my duties, and I am familiar with and accept the obligation of my position as registered upon. 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. Corporation Sorvice Company By: Signature of Registered Agent Date
f signing on Final of an entity: Robert O'Byrne Vice President Typed in 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
CR2E045 (03/12)