F02000005845

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
]

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2009 JAN 16 PH 4: 43

SECRETARY OF STATE
TALLAHASSEE

R.A. Change

TB 1-76-0°

January 12, 2009

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: SAFETRAN SYSTEMS CORPORATION

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Leana Guzman

Registered Agent Solutions, Inc. 515 Congress Ave., Ste. 2300 Austin, TX 78701

Attn: COA Dept.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of DELAWARE er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SAFETRAN SYSTEMS CORPORATION
2. The principal	office address: 2400 NELSON MILLER PARKWAY, LOUISVILLE, KY 40223
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/20/2002 Document number: F0200005845
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	C T CORPORATIN SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	PLANTATION, FL 33324 I street address of the new registered agent (if changed) and /or registered office SR
	REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR.
	155 OFFICE PLAZA DR. (P.O. Box NOT acceptable)
	TALLAHASSEE, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
	PATRICIA J. TURNER, ASSISTANT SECRETARY (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Starisa	gnature of Registered Agent (Date)
	half of an entity:
	Foskey, 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