

F030000001170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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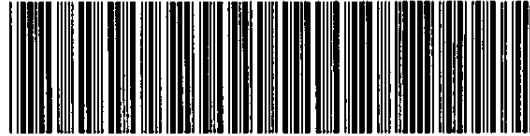
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Traffic Safety Consultants, Inc.
Name of Corporation

DOCUMENT NUMBER: F03000001170

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:

Lawrence Gentilucci

Name of Contact Person

Traffic Safety Consultants, Inc.

Firm/Company

14526 Roscoe Blvd., Suite 218

Address

Panorama City, CA 91402

City/State and Zip Code

lawrence@trafficeducation.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Gentilucci

Name of Contact Person

at (800) 653-9200

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2015

LAWRENCE GENTILUCCI
TRAFFICE SAFETY CONSULTANTS, INC.
14526 ROSCOE BLVD - STE. 218
PANORAMA CITY, CA 91402

SUBJECT: TRAFFIC SAFETY CONSULTANTS, INC.
Ref. Number: F03000001170

We have received your document for TRAFFIC SAFETY CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the document in its entirety.

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

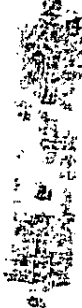
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 015A00023897

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

☒ 1. The name of the corporation: TRAFFIC SAFETY CONSULTANTS, INC.

☒ 2. The principal office address: 14526 ROSCOE BLVD #218
PANORAMA CITY, CA 91402

☐ 3. The mailing address (if different): _____

☒ 4. Date of incorporation/qualification: 1.3.1979 (Document number: 880811)

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)

Brett Elkins

3092 Aloma Ave., #205

Winter Park, FL 32792

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

Brett Elkins

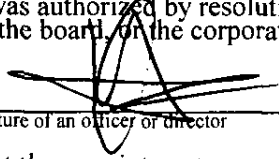
3260 N. Hwy. 17-92, Unit 112

P.O. Box NOT acceptable

Longwood, FL 32750

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.



Signature of an officer or director

Lawrence Gentilucci, Chief Operating Officer

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.



Signature of Registered Agent

10-27-15

Date

If signing on behalf of an entity:

Brett Elkins

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

FILED
2015 NOV 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA