F07000000033

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T. BROWN



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 28, 2012

LAWYERAGENTS+ 4643 E THOMAS RD STE 9 PHOENIX, AZ 85018

SUBJECT: FAIL-SAFE PRODUCT PROTECTION, INC.

Ref. Number: F07000000033

We have received your document for FAIL-SAFE PRODUCT PROTECTION, 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):

The document must have original signatures.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 012A00008015

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

statement of cha	nnge is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of KANSAS	_
	•		JCT PROTECTIO VERLAND PARK KS		
3. The mailing a	address (if different):		,		
4. Date of incorp	poration/qualification: _	01/02/2007	Document number:	F07000000033	3
	d street address of the curtment of State: (If resign		at and registered office on f	file with the	
	FLORIDA INCOR	PORATORS, IN	С		
	8875 HIDDEN RIV	/ER PKWY, STE	E 300		
	TAMPA FL 33637			2017 SE TAL	
6. The name and (if changed):	TAMPA FL 33637 ALCARE SECURITIES AND ALCARE				<u>T</u>
	CHARLES T. WIG	GINS			
	501 COMMENDE	NCIA STREET P.O. Box NOT ac	contrible	8: 51	•
	PENSACOLA, FL		cepaole	****	
The street addre	ess of its registered offi be identical.	ce and the street add	dress of the business offic	e of its registered ager	nt,
Such change wa authorized by th	as authorized by resoluthe board, or the corpora	tion duly adopted by ation has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.	
Signatur	Teros of an officer or director		Poor Rousett , 1	PRESIDENT	-
I hereby accept I further agree to of my duties, and document is beit corporation has	the appointment as reg to comply with the prov ad I am familiar with ar ing filed merely to refle s been notified in writin	gistered agent and a visions of all statute, ad accept the obliga ct a change in the r ag of this change.	gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, l	/ 11	ıce his he
1.6	~		2/20	2012	_
-	nature of Registered Agent		Date 7		
Т	yped or Printed Name	 			

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

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