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SLORETARY OF STATE

12-23-13

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PEAK FALL PROTECTION, INC.

Name of Corporation

DOCUMENT NUMBER: F13000000961

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:

Debra Leach

Name of Contact Person

POYNER SPRUILL LLP

Firm/Company

301 Fayetteville Street, Suite 1900

Address

Raleigh, NC 27601

City/State and Zip Code

Angela.Antico@sbs1.net

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

For further information concerning this matter, please call:

Debra Leach

.919 78

783-1046

Name of Contact Person

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

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

statement of chan	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ge is submitted for a corporation organized under the laws of the State of North to change its registered office or registered agent, or both, in the State of Flaric	Carolina
	PEAK FALL PROTECTION INC	
	Mice address; 817 Center Street	
3. The mailing add	Iress (if different): PO Box 2107 27502	
4. Date of incorpo	ration/qualification: March 1, 2013 Document number: F1300000	0961
5. The name and s	treet address of the current registered agent and registered office on tile with the nent of State: (If resigned, enter resigned)	
	CT Corporation System	
1	200 South Pine Island Road	
F	Plantation FL 33324	3. C.
6. The name and s (if changed):	treet address of the new registered agent (if changed) and for registered office	13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
£	Paracorp incorporated	SS 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	36 East 6th Avenue	SELL CLOSES
····	70 Box NOT acceptable	35 5
		• •
The street address as changed will be	of its registered office and the street address of the business office of its regi- identical.	stered agent.
Such change was authorized by-the	authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	r so
Ingila	Statica ANGEIA T. ANTICO C	
t hereby acceptin I further agree to performance of m agent. Or, if this a hereby confirm the	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all standards relative to the proper and complete adults, and I am familiar with and accept the obligation of my position as reflections in the filed merely to reflect a change in the registered office add at the corporation has been notified in writing of this change.	gistered ress. i
Sharon Co	the 12/10/2013 State	
If signing on behaif	of an entity:	
	ASST SECRTARY or Proted Name	
	* * * FILING FEE: \$35.00 * * *	