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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	= #)	
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 14, 2017

Order#: 951096-004

Re: PEAK FALL PROTECTION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of No registered agent, or both, in the State of Flor	rth Carolina	
1. The name of	the corporation: PEAK FALL PRO	TECTION, INC.		
2. The principal	office address: 1230 Perry Road,	Apex, NC 27502		
3. The mailing a	address (if different): PO Box 965,	, Apex, NC 27502		
4. Date of incorp	poration/qualification: 03/01/2013	Document number: F13000000	961	
	I street address of the current registiment of State: (If resigned, enter i	tered agent and registered office on file with t resigned)	he	
	Paracorp Incorporated			
	155 Office Plaza Drive, 1st Floor			
	Tallahassee	FL 32301	17 12 17	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	DEC 18	,
	Corporation Service Company		P L	[7]
	1201 Hays Street		<u> </u>	نمهر. ا
		ox NOT acceptable	္မူက က	
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agent,	
Such change wa authorized by th	is authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an office notified in writing of the change.	cer so	
Xie	e 2 agnie	Jill Cilmi, Vice President		
Signatui	re of an officer or director	Printed or typed name and title	 ·	
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complet and accept the obligation of my position as to reflect a change in the registered office ad ified in writing of this change.	revistered	
By: U	Mey	12/14/2017		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Ami M. Casper,	Asst. Vice President			
Ту	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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