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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)200-5995

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
GLOBAL SAFETY MANAGEMENT, INC.**

Certificate of Status	0
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JUN 15 2020

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

1. The name of the corporation: GLOBAL SAFETY MANAGEMENT, INC.  
2. The principal office address: 10006 CROSS CREEK BLVD., SUITE 445, TAMPA, FL 33647

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 5/10/2013 Document number: F13000002062

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)

GLOBAL SAFETY MANagements INC.

10006 CROSS CREEK BLVD., SUITE 445

TAMPA, FL 33647

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

HILL WARD HENDERSON / attn: NICHOLAS J. OUTMAN

101 E KENNEDY BLVD., SUITE 3700

P.O. Box NOT acceptable

TAMPA, FL 33602

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

DEREK APANOVITCH, CEO

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

6.11.20

Date

If signing on behalf of an entity:

NICHOLAS J. OUTMAN

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

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