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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)876-5368

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

Proi1	Address:	

pskelton@ensafe.com

REGISTERED AGENT CHANGE ENSAFE INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

121809

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of T	Гиппиянсе		
	r to change its registered office or registered agent, or both, in the State of Fi . ENSAFE INC.	IOFIAA.		
The name of a 2. The principal	the corporation: ENSAFE INC. office address: 5724 Summer Trees Drive Memphis, TN 38134			-
				_
3. The mailing a	ddress (if different):		•	-
4. Date of incom	poration/qualification: 05/18/1993 Document number:	F93000002316		-
	I street address of the current registered agent and registered office on file wit tracet of State: (If resigned, enter resigned)	th the		
	Phil Hardy	_		
	4812 Randee Circle	.	20	
	Pensacola, FL 32526	ECRE ELAH	99 DE	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	<u>ૉ</u> નં≺	2009 DEC 18	į
	C T Corporation System	_ =	PM	4
	c/o C T Corporation System, 1200 South Pine Island Road	OF STATE. E. FLORIDA	3	Ÿ
	P.O. Box NOT acceptable Plantation, Florida 33324		_	
as changed will	/ 1		ent,	
Such change was authorized by t	aveuthorized by resolution duly adopted by its board of directors or by an de board, or the corporation has been notified in writing of the change.	a afficer so		
MA	Michael A. Wood Michael A. Wood Profesor or despoter	L. CFO	_	
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cound I am familiar with and accept the obligation of my position as registereing filed merely to reflect a change in the registered office address, I here so been notified in writing of this change.	mplete performe ed agent. Or, if by confirm that	ince this the	
	Comparation System	8109		
Su	gnature of Registeres Agent Date			
	chalf of an entity:			
Con	nie Bryan			
Assisto	INT SECRETORY *** FILING PEE: \$35.00 ***			

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)