5/27/2015 3:51:40 PM From: Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

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 INDEPENDENT INSPECTIONS, LTD., INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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MAY 2 8 2015

T CANNON

COVER LETTER

TO:	Amendment Section Division of Corporations				
SHRI	INDEPENDENT INSPECTIONS, LTD., INC				
Name of Corporation					
DOC	:UMENT NUMBER:				
The e	enclosed Statement of Change of Registered Offi	e/Agent and fee are submitted fe	or filing.		
Please	e return all correspondence concerning this matt	to the following:			
	Name of Co	ntact Person	_		
Firm/Company					
	Ad	ress			
	Ov. 184				
	City/State a	d Zip Code			
	mmccurdie@safebuilt.com				
	E-mail address: (to be used for	uture annual report notification	on)		
For fu	urther information concerning this matter, please	call:			
Micha	ael McCurdie	877 230-5019 at ()			
	Name of Contact Person	Area Code & Daytime To	elephone Number		
Enclo	osed is a \$35.00 check made payable to the Depa	tment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corpora			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Cer Tallahassee, FL 323			

CR2E045 (03/12)

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

statement of cha	mge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, thi anized under the laws of the State of Wisconsin	is 	
		istered agent, or both, in the State of Florida.		
1. The name of	the corporation: INDEPENDENT INSPE	LANGE		
2. The principal WAUKESHA	office address: W241 S4135 PINE HOL	LOWCI		
3. The mailing a	address (if different):			
4. Date of incom	poration/qualification: 04/29/1994	Document number: F94000002216		_
	d street address of the current registered street address of the current registered, anter resigned, anter resigned.	d agent and registered office on file with the med)		
	Thomas E Delacy			
	2578 ENTERPRISE ROAD #131			
	ORANGE CITY, FL 32763			
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	5 MAY 2	MELSHAUSE
	C T Corporation System		27	2000
	c/o C T Corporation System, 1200 South	Pine Island Road	# =:	
	P.O. Box N Plantation, Florida 33324	OT acceptable	1: 59	. ORID/
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered	d agent,	عند
Such change we authorized by the	as authorized by resolution duly adopt he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.		
	The same	Bradley L Resnick, VP & Secy.		
•	ire of an officer or director	Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with ancids document is being filed merely to rethat the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registe effect a change in the registered office address, I in writing of this change.	red I	
By:	Poration System EMX = Bolil	5/27/2015		
Sig	nature of Registered Agent Kristin Bolden Assistant Secretary	Date		
If signing on be	chalf of an entity:			
T	yped or Printed Name			

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

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