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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Giles Safety Name of Limite	Consulting, LLC ed Liability Company	19-19-19-19-19-19-19-19-19-19-19-19-19-1		
Dear Sir or Madam:	٠.			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	r filing.		
Please return all correspondence concerning this r	matter to the following:			
Mark Giles Name of Person				
Giles Safety Consulting	<del>,LLc</del>	2011 TALI		
232 Bentley DAKS Blud	tate bisser de constitues.	JUL -5 R CRETARY OLAHASSEE.	FILE	
Auburndale, FL 33823 City/State and Zip Code		RM 4: 09 OF STATE E. FLORIDA	Ö	
E-mail address: (to be used for future annual report notificat	tion)			
For further information concerning this matter, ple	ease call:			
Mary Giles at (	863 ) 286-6730 Area Code & Daytime Telephone Nu	ımber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру		

## 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:Gile S	Safety Consulting, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Auburndale, FL 33823
(b) Mailing address of limited liability company:	232 bentley sales Blue
(Note: MAY BE POST OFFICE BOX)	Auburndale F# 3823TI
7/29/2010	7788420 F. 9 T
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State:
Registered Agent:	The Company Conforation
Registered Office Address:	2711 Centerville Rd.
	Wilmington, DE 19808
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:
NEW Registered Agent:	Mark Giles, President
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	232 Bentley DAKS BIVE
	Auburndale FL 33823
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Ware Giks Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. OF if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent