

(D.							
(Re	equestor's Name)						
(Ad	dress)						
(Address)							
(City/State/Zip/Phone #)							
		<b></b>					
☐ PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nam	ne)					
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:						
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FILL D 2016 FEB -3 P 2: 55 SECRETARY OF STATE.

FED O A 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: February 1, 2016

Order#: 962286/009

Re: IOA SAFETY, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: IOA SAFETY, LL	<u>.c</u>		*	<del></del>
2	(a)	1855 W. State Road 434	_ (b	)		
	(u) .	Principal office address of limited liability company:	_ (°.		Mailing address of limited liability co	• •
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE I	<u>BOX</u> )
			_			
		Longwood, FL 32750	_	<del></del>		
		02/13/2014		L1400002	25096	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	John R. Wick				
٥.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	- e:	
		1855 W. State Road 434				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-	
		Longwood , FL_	32750	)	-	
		, I b_	02100	· · · · ·	-	
	(b)	Corporation Service Company			_	
	` ′	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	dress:	- 	
					2018 ALL:	
		1201 Hays Street			FEB ARE TA	
		NEW Registered Office Address:			ASS	-
					- MACOUNT	[7]
					<b>ل</b> يَرْبَ الْ	Land 1 . 1
		Tallahassee , FL	32301		_	
ìf	the li	mited liability company is not organized under the law	s of the	State of Flo	orida it is hereby confirmed th	nat after
th	e cha	nge or changes are made, the Florida street address of	the regis	stered office	e and the business office of the	e registered
ag w	gent v as/we	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	bility co	ompany, it is iited liabilit	s hereby confirmed that the chiral company or as otherwise pro	ange(s) ovided in
th	e arti	cles of occanization are the sperating agreement of the l	limited l	liability con	npany.	
			Don	na Priebe, A	authorized Person	
	- (	ture of a member deadhorized representative of a member			Printed or typed name of signee	
$\frac{I}{p_I}$	here. oviși	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	ee to act perform	in this cap ance of my	acity. I further agree to compo duties, and I am familiar with	ly with the and accept
th to	e obl mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have been supposed to the change in the registered office address.	i jor in C iereby co	napier 603 onfirm that	o, r.s. Or, ij inis aocument is i the limited liability company l	veing jiied ias been
ne	Mified	l'in writing of this change.				
S	ignaru	re of Registered Agent Corporation Service Company	BY: S	ylvia Quep	opet, Asst. Vice President	