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FEB-1:8-2013
T. HAMPTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Deemer adeemer@cscinfo.com

Date: January 31, 2014

Order#: 948113-010

Re: RITZ 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 Please return evidence to the following:

Attn: Amanda Deemer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114, 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.

i. Na	ne of the limited liability company: RITZ SAFETY LI	C
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	8039 WASHINGTON VILLAGE DRIVE SUITE 110 DAYTON, OH 45458
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8039 WASHINGTON VILLAGE DRIVE SUITE 110 DAYTON, OH 45458
03/08/	2006	M06000001459
3 Da	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on t Registered Agent: Registered Office Address:	he records of the Florida Dept. of State; INCORP SERVICES, INC.  17888 67TH COURT NORTH LOXAHATCHEE, FL 33470
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:  Corporation Service Company
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee FL 32301
confirmand the liability the me (the open signature) of the complex and I accomplisated the co	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise trating agreement of the limited liability company.  The confirmed that the change(s) imbers of the limited liability company or as otherwise the agreement of the limited liability company.  A confirmed that the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the company of the company of the company of Registered Agent. Corporation Service Company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or

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