M12000006445

. (Req	uestor's Name)	
(Addı	ess)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ling Officer:	





400257235334

02/27/14--01022--007 **25.00

FEB 28 2014





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: February 25, 2014

Order#: 977874-016

Re: CORE SAFETY GROUP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Alex Smetana

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

2014 FEB 27 PM 1:4

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.

1. Nar	ne of the limited liability company: CORE SAFETY (GROUP LLC		
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	mpany: 2034 HAMILTON PLACE BLVD., STE. 400		
	(Note: MUSI BE STREET ADDRESS)	CHATTANOOGA	TN 37421-6102	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
11/19/2	2012	M12000006445		
3. Dat	e of filing/registration in Florida	1. Document number		
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida D		
	Registered Agent:	NRAI SERVICES, INC.		
	Registered Office Address:	1200 SOUTH PINE ISLAND	ROAD (C)	
		Plantation	FL-33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Compa		
	NEW Registered Office Address:	1201 Hays Street		
	(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301	
confirmand the liability the me	imited liability company is not organized under the land that after the change or changes are made, the Figure 1 in the change of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trained agreement of the limited liability company.	orida street address of the recal. Or, in the case of a Flo	egistered office orida limited	
	Priebe Authorized Person			
I heres comply and I a Chapte addres By:	by accept the appointment as registered agent and age with the provisions of all statutes relative to the professions of the professions of the obligations of my poster 603, F.S. Or, if this document is being filed to mer so, I hereby confirm that the limited liability company to the of Register Agent Corporation Service Company	gree to act in this capacity. per and complete performa ition as registered agent a. ely reflect a change in the has been notified in writin Sylvia Queppet Asst VP	I further agree to ince of my duties, s provided for in registered office g of this change.	

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