

N 08000005961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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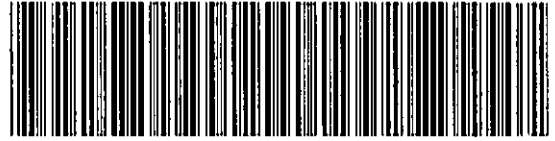
(Business Entity Name)

(Document Number)

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2018 SEP 20 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN  
SEP 21 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Florida Providers for Traffic Safety Inc  
Name of Corporation

**DOCUMENT NUMBER:** N08000005961

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Buckhannon  
Name of Contact Person

Sunshine Safety Council  
Firm/Company

661 Beville rd suite 206  
Address

South Daytona, FL 32119  
City/State and Zip Code

Bill@sunshinesafety.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill@sunshinesafety.org at ( 386 ) 301-5577  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Florida Providers for Traffic Safety Inc

2. The principal office address: 661 Beville Rd suite 206  
South Daytona, FL 32119

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/19/2008 Document number: N08000005961

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Noel Warner  
1800 Penbrook Drive Suite 300  
Orlando, FL 32810

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**TALLAHASSEE, FL**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Buckhannon  
661 Beville rd suite 206  
P.O. Box NOT acceptable  
South Daytona, FL 32119

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Noel Warner  
Signature of an officer or director

Noel WARNER/Treasurer  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

8/24/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314