Requester's Name		
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☐ Walk in ☐ Pick up time _		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
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Profit Not for Profit Limited Liability Domestication	AMENDMENTS  Amendment Resignation of R.A. Change of Registere Dissolution/Withdra	d Agent
Other	☐ Merger	. <del>-</del>
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement	RACRA.

V SHEPARD

**Examiner's Initials** 

2002

MAY 1



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 2002

PLAY SAFE SYSTEMS, INC. 4851 N.W. 103 AVE., #13 SUNRISE, FL 33351

SUBJECT: PLAY SAFE SYSTEMS, INC.

Ref. Number: P00000078218

We have received your document for PLAY SAFE SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 502A00015611

RECTIVED

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VISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 2002

PLAY SAFE SYSTEMS, INC. 4851 N.W. 103 AVE., #13 SUNRISE, FL 33351

SUBJECT: PLAY SAFE SYSTEMS, INC.

Ref. Number: P00000078218

We have received your document for PLAY SAFE SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 102A00020189

## 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, the
undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Thay SAFE SYSTEMS, INC.
The total
2. The mailing address of the corporation: 4851 N.W. 103 AYENUE
BOX #13 SUNRISE, FLORIDA 3335/ ?
3. Date of incorporation/qualification: 8/14/00 Document number: POOOOO78
4. The name and address of the current registered agent and registered office:
Robert M. Downey - Resigned
150 Palmetto. Park Rd., Ste, 350
Boeg Raton 7/33432
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Paul C. McKain-
OFFICE: 4851 N.W. 163 AVE.
Box #13 SUNRISE, FL. 33351
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.
19aul MX
(Signature of an officer, chairman or vice chairman of the board) (Date)
AUL C. MS KAIN PRESIDENT CEO (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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)
tank 11/2 3/2/02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

DIVISION OF CORPORATIONS

CR2E045(8/99)

P.O. Box 6327

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

TALLAHASSEE, FL 32314