

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LIGHTSEY & ASSOCIATES, PA
Account Number : I20060000130
Phone : (407) 622-0025
Fax Number : (407) 622-0026

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
BRAUNER SAFETY SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. LEWIS

SEP 10 2014

EXAMINER

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TALLAHASSEE, FLORIDA

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From: LIGHTSEY & ASSOCIATES PA

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09/09/2014 11:00

#518 P.002/002

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

14 SEP -9 AM 10:34

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: Brauner Safety Services, Inc.
2. The principal office address: 4801 Calasans Ave.
St. Cloud, FL 34771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 5, 2003 Document number: P03000063887
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)
James D. Brauner
14716 Hartford Run Drive
Orlando, FL 32828
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
4801 Calasans Ave.
St. Cloud, FL 34771
P.O. Box NOT acceptable

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.

Tommi L. Brauner
Signature of an officer or director

Tommi L. Brauner, President

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.

James D. Brauner
Signature of Registered Agent

9/5/14
Date

If signing on behalf of an entity:

James D. Brauner
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

CR2F045 (03/12)

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