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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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: (850)222-1092

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

ddress:	i. layson e femovan. C	<u> </u>
	J ,	

REGISTERED AGENT CHANGE

F.E. MORAN, INC. SPECIAL HAZARD SYSTEMS

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

statement of cl	hange is submitted for	r a corporation orga	nized under the laws of the	State of DB	
			itered agent, or both, in the	•	
1. The name of	f the corporation:	. W.O.C.A., INC. 51 E.	CIAL HAZARD SYSTEMS		
2. The principa	al office address: 226	5 Carlson Drive, Nor	thbrook, IL 60062		
3. The mailing	address (if different):	· -			
4. Date of incom	rporation/qualificatio	n: 4/25/1985	Document number:	P05793	
5. The name an Florida Depa	d street address of the	e current registered a esigned, enter resigna	agent and registered office o	on file with the	
	CORPORATION S	BRVICE COMPANY	<u> </u>		
	1201 HAYS STREE	t tallahasseb	FL 3230I	. =	
				SECR ALLA	
6. The name and (if changed):	d street address of the	new registered age	nt (if changed) and /or regis	SECRETARY ALLAHASSEE	ent.
	C T Corporation Sys	tem		F.	المراز
	c/o C T Corporation			3: 36 BRAIDS	*
		P.O. Box NO	Tacceptuble	>	
	Plantation, Florida 3.	3324		· · · · ·	
The street address changed will	ess of its registered of be identical.	office and the street	address of the business of	fice of its registered agen	t,
Such change/wa authorized by th	as authorized by resone board, or the corp	olution duly adopted oration has been no	d by its board of directors stifted in writing of the cha	or by an officer so ange.	
			Kimberly Breu	inling, Secretary	
Signatu	e of an officer or director	-)	Printed or typed i	name and title	
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as to comply with the pi d I am familiar with ng filed merely to re been notified in wri	registered agent an rovisions of all state and accept the obl flect a change in th ting of this change.	d agree to act in this capa utes relative to the proper igation of my position as r e registered office address	icity and complete performanc egistered agent. Or, if th i, I hereby confirm that th	ce iis ie
By:	Corporation System	Zarth.	7/8/201		•
_	wture of Registered Agent half of an entity:	Assistant Societary Rebecca Barth	Date		
C T Corp	oration System				
Ту	ped 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
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