## P07000096084

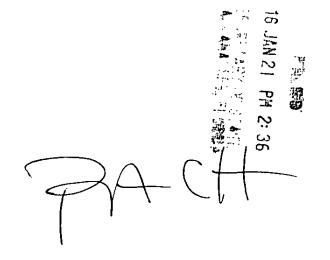
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: HALO SAFETY INC

Name of Corporation

DOCUMENT NUMBER: P07000096084

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:

CHRISTOPHER HOPKINS

Name of Contact Person

HALO SAFETY INC

Firm/Company

16443 MAGNOLIA BLUFF DR

Address

MONTVERDE, FL 34756

City/State and Zip Code

CGHOPKINS@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER HOPKINS

\_407

721-2668

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

CR2E045 (03/12)

## 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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	Florida	<i></i>	
1. The name of the corporation: Halo Safety Inc	<i>γ</i> 10,7 μtα.		
The name of the corporation.     The principal office address: 16443 Magnolia Bluff Drive			
Montverde, FL 34756			
3. The mailing address (if different):			<del></del>
4. Date of incorporation/qualification: 08/27/2007 Document number: P070	0009608	34	
5. The name and street address of the current registered agent and registered office on file v Florida Department of State: (If resigned, enter resigned)	with the		
United States Corporation Agents Inc	_		
13302 Winding Oaks Blvd Ste A-100	_		
Tampa, FL 33612	um Same C. C		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	office	6 JAN 2	'ন্ত
Christopher Hopkins		_	हैंटें स्टब्स
16443 Magnolia Bluff Drive		PK	7
P.O Box NOT acceptable  Montverde, FL 34756		<b>?:</b> 3	
The street address of its registered office and the street address of the business office of as changed will be identical.	its registere	d agen	ıt,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so		
Christopher Hopkins, I		t	
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 co performance of my duties, and I am familiar with and accept the obligation of my positic agent. Or, if this document is being filed merely to reflect a change in the registered off hereby confirm that the corporation has been notified in writing of this change.	mplete on as regista	ered . I	
Christopher Academia 1-11-16 Siphature of Registered Agent 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 CR2E045 (03/12)