P080011395

(Requestor's Name)					
(Ad	dress)				
(Address)					
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(CII	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

2018 AUG 13 PM 14: 29

8/16/10

COVER LETTER

TO:	Amendment Section Division of Corporati	ions					
SUBJI	ECT:	The Safety Store, Inc. Name of Corporation					
DOCU	MENT NUMBER:_	P0800	00111395				
The en	closed Statement of Cl	hange of Registered Office/	Agent and fee are subn	nitted for filing.			
Please	return all corresponder	nce concerning this matter to	o the following:				
		Jon Leib Name of Conta	owitz	<u></u>			
		Name of Conta	act Person				
	The Safety Store, Inc.						
		Firm/Com	ipany				
		4=0.4 -0.4.4.4					
	4791 SW14th Court Address						
		7 Iddi o	55				
		Deerfield Beach	n. FL. 33442				
	City/State and Zip Code						
		ileihowitz@safetysto	nresumnly com				
•	jleibowitz@safetystoresupply.com E-mail address: (to be used for future annual report notification)						
For fur	ther information conce	erning this matter, please cal	n:				
	Jon Lei	bowitz	at (954)	856-9833			
	Name of Cont		Area Code & Day	time Telephone Number			
Enclos	ed is a \$35.00 check m	nade payable to the Departm	ent of State.				
	<u>Mail</u> Ame	ing Address: endment Section	Street Addres Amendment	s <u>s:</u> Section			
	Divi	sion of Corporations	Division of C	Corporations			
		Box 6327	Clifton Build	_			
	Talli	ahassee, FL 32314	2661 Execut Tallahassee,	ive Center Circle FL 32301			

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

statement of cha	nge is submitted for a co	orporation organiz	607.1308, or 617.1308, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida			
1. The name of	the corporation: The S	Safety Store,	Inc.				
2. The principal office address: 4791 SW 14th Court, Deerfield Beach, Fl. 33442							
3. The mailing a	address (if different): P.	O. Box 970240	, Coconut Creek, Fl. 33	3097			
4. Date of incorp	poration/qualification;	1/1/09	Document number:	P08000111395			
	d street address of the current of State: (If resign		ent and registered office on f	ile with the			
	<u></u>	Jon Leibo	owitz				
	6916 Palmetto Pa	rk Circle S. # 1	17	<u>ـــ</u>			
	Boca Raton, Fl. 33	3443		一部皇丁			
6. The name and (if changed):	d street address of the ne	w registered agent	(if changed) and /or register	SECRETARY sed office			
		- Jon Leibe	owitz	- Frig. 3 1			
	4791 SW 14th Co		· · · · · · · · · · · · · · · · · · ·	29			
	Deerfield Beach, F	P.O. Box NOT:	acceptable	<u> </u>			
The street address changed will			ddress of the business offic	e of its registered agent,			
Such change was authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted tion has been not	by its board of directors or fied in writing of the chang	by an officer so te.			
Signatu	re of an officer or director		Printed or typed name	PRESIDENT			
_	*	istered agent and isions of all statu d accept the oblig ct a change in the g of this change.	agree to act in this capacit tes relative to the proper at action of my position as reg registered office address, I				
	+		@/30/10				
	mature of Registered Agent		Date				
If signing on be	chalf of an entity:						
Т	'yped or Printed Name						

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