

P110000107894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

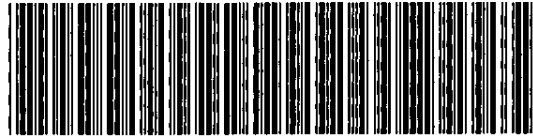
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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RA  
Change

04/04/12--01016--011 \*\*35.00

FILED  
2012 APR 17 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
4/18/12

\*00789, 00721, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2012

Angela Antico  
Peak Fall Protection, Inc.  
P.O. Box 965  
Apex, NC 27502

SUBJECT: BLACK PIN INDUSTRIES, INC  
Ref. Number: P11000107894

We have received your document for BLACK PIN INDUSTRIES, 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):

The corporation name on line 1 is incorrect because we were unable to file your articles of amendment changing the name. When you correct your amendment and the name change is completed you may then resubmit the registered agent change.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 012A00011302

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Peak Fall Protection, Inc  
Name of Corporation

DOCUMENT NUMBER: P11000107894

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:

Nicole Landauer  
Name of Contact Person

Peak Fall Protection, Inc  
Firm/Company

PO Box 965  
Address

Apex, NC 27502  
City/State and Zip Code

nicky@peak-fp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Antico at ( 919 ) 387-9965  
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

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 NC  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peak Fall Protection, Inc
2. The principal office address: 817 Center Street, Apex, NC 27502
3. The mailing address (if different): PO Box 965, Apex, NC 27502
4. Date of incorporation/qualification: 3/29/2007 Document number: P11000107894
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)

Skanska USA Building, Inc

8616 NW 39th Ave

Gainesville, FL 32606

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Michael Nelson  
Signature of an officer or director

Travis Nelson, VP  
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.*

Barbara A. Burke  
Signature of Registered Agent

4-2-12  
Date

If signing on behalf of an entity:

Barbara A. Burke  
Special Assistant Secretary

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  
CR2B045 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA