

P94000032381

(Requestor's Name)

National Fire Sprinklers, Inc.  
P.O. Box 889  
New Smyrna Beach, FL 32170

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

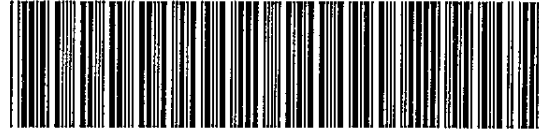
(Business Entity Name)

(Document Number)

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RA/RO/change  
@ 3/1/04

**National Fire Sprinklers, Inc**  
**P.O. Box 889**  
**New Smyrna Beach, FL 32170**  
**Bus: (386) 761-7688**  
**Fax: (386) 761-7658**

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TALLAHASSEE, FLORIDA

**Florida Department of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**February 18, 2004**

**RE: Reg. Agent & Office Change**

**Please accept my request for a change of "Registered Office" and "Registered Agent".  
The proper forms are attached.**

**Also Clifford L. Rispoli, an officer in my company listed as Secretary, has his last  
name is misspelled. His name is spelled RISPOLI not RISPOCI.**

**National Fire Sprinklers date of incorporation is 04/28/1994, its Document Number is  
p94000032381 and its FEI Number is 650472088.**

**Enclosed is a check for \$35.00.**

**Please mail to:**

**National Fire Sprinklers, Inc.**  
**5889 Airport Road Ste. #214**  
**Port Orange, FL 32128**

**I trust that this information will meet the requirements necessary to make the above  
changes.**

**If additional information is needed please do not hesitate to call me at 386-761-7688.**

**Sincerely,**

  
**Craig S. Kamm**  
**President**

# 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: NATIONAL FIRE SPRINKLERS, INC.
2. The principal office address: 5889 AIRPORT ROAD STE. 214  
PORT ORANGE, FL 32128
3. The mailing address (if different): P.O. BOX 889  
NEW SMYRNA BEACH, FL 32168
4. Date of incorporation/qualification: 04/28/1994 Document number: P94000032381
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NORMENT, ANN M.  
840 BREUARD AVE. STE. B  
ROCKLEDGE, FL 32955

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

ROBINO, ANN M.  
2500 BLUE RIDGE AVENUE  
(P.O. Box or personal mailbox NOT acceptable)  
COCOA, FL 32926

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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.

Craig S. Kamm  
(Signature of an officer or director)

CRAIG S. KAMM 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.

Ann M. Robino  
(Signature of Registered Agent)

FEB. 18, 2004  
(Date)

If signing on behalf of an entity:

ANN M. ROBINO  
(Typed or Printed Name)

Registered Agent  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314