P95000058425

(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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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 5, 2015

Order#: 596878/011

Re: PROTECTIVE LINER SYSTEMS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nnge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida S ion organized under the laws of the State of $\frac{F}{2}$ or registered agent, or both, in the State of F	L	_
1. The name of	the corporation: PROTECTIVE I	LINER SYSTEMS INC.		
	office address: LE STREET LITHONIA, GA 30	058		
3. The mailing a	address (if different): P.O. Box 9	21 Lithonia, GA 30058		
4. Date of incor	poration/qualification: 07/26/19	95 Document number: P950000	58425	
	d street address of the current regrement of State: (If resigned, enter	gistered agent and registered office on file wit er resigned)	th the	
	NRAI SERVICES, INC			
	1200 SOUTH PINE ISLAND R	OAD 1000		
	Plantation	FL 33324	ice -	9 15 15 15 15 15 15 15 15 15 15 15 15 15
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company		79	- चुंड्रीट - इंड
	1201 Hays Street		ተ0 ፡ት	: [
		D. Box NOT acceptable	· =	-;-
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the identical.	he street address of the business office of its	registered age	ent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so	
0	6	Dona Priebe	Vice Preside	ent
Signatu	re of an officer or director	Printed or typed name and title		_
performance of agent. Or, if th hereby confirm	my duties, and I am familiar w. is document is being filed mere	agent and agree to act in this capacity. f all statutes relative to the proper and comp ith and accept the obligation of my position ly to reflect a change in the registered office notified in writing of this change.	as registered	
By: Sym	nature of Registered Agent	04/22/2015		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Sylvia Queppet	, Assitant Vice President			
T	yped or Printed Name			