000027965 19050 Glades Road t St. Lucie, F1 34987 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. ____(Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy ☐ Will wait Certificate of Status ☐ Mail out NEW FILINGS AMENDMENTS... Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

CR2E031(1/95)

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607. undersigned corporation organized under the laws of the State of | T-0.1 |
|--|---|
| submits the following statement in order to change its registered | |
| State of Florida. | 90. |
| 1. The name of the corporation is: SAfety Play Syste | ms, lie ms, lie |
| | 4/1/4/20 |
| 2. The mailing address of the corporation is: POBox 132 | 96 |
| - It Pierce, 7 | 1 34979 |
| 3. Date of incorporation/qualification: $3/26/98$ D | ocument number: 6100000019 |
| 4. The name and address of the current registered agent and office | : |
| Spicosh + Utrema P.A. Ame | rilawyer |
| | Imeria Allenue |
| CORAL GABLES, 71 33114 - | 417 9 33134 |
| 5. The name and address of the new registered agent and office: (F | |
| DANIEL LUISON | |
| 19050 Glades Royal | |
| Port St Lucie, 7/ 3498 | 7 |
| The street address of its registered office and the street address agent, as changed, will be identical. | of the business office of its registered |
| Such change was authorized by resolution duly adopted by its tauthorized by the board. | poard of directors or by an officer so |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) |
| | intalac |
| Thomas FERREIZA, PRESIDENT (Printed or typed name and title) | 10/4/48 (Date) |
| Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes releperformance of my duties, and I am familiar with and accept to registered agent. | of process for the above stated ent and agree to act in this capacity. ative to the proper and complete |
| Samel Wilson (Signature of Registered Agent) | 10/9/98 |
| (Signature of Registered Agent) | (Date)/ |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | (Capacity) |

FILING FEE: \$35.00

CR2E045(4/95)