



Division of Corporations Electronic Filing Cover Sheet



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(((H19000201324 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Fax Number

: (888)705-7274 : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## REGISTERED AGENT CHANGE SECURITY INFORMATION SYSTEMS, INC.

Certificate of Status	0
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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Security Information Systems, Inc.

Name of Corporation

DOCUMENT NUMBER: F95000002109

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

,888,

705-7274

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

15129570210

## H19000201324 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.056 nge is submitted for a corpor to change its registered offic	ation organized u	nder the laws	of the State of Mi	chigan_	<del></del> -
1. The name of the	he corporation: Security	Informatio	<u>n Syster</u>	ns, Inc.		
2. The principal	office address: 6314 KIN	NGSPOINT	<u>re park</u>	<u>(WAY SUIT</u>	E 3	
<u>ORLAN</u>	DO, FL 32819			<del></del>		
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 5/1/	1995	Document nu	mber: <u>F9500</u> (	00210	)9
5. The name and	street address of the current tment of State: (If resigned, e	registered agent a				
	DEAN, GREEN	<b>NBLATT</b>				
	6314 KINGSPOINTE P	ARKWAY	SUITE	3		
	ORLANDO		FL	32819	SECR	ال 1909
6. The name and (if changed):	street address of the new reg			or registered office		2019 JUN 28
	Registered Age	nt Solutio	ns, Inc.			A
	155 Office Plaz	a Dr. S	Suite A		STATE	8: 57
	Tallahassee	FL		<del></del>	,	
The street addre as changed will	ss of its registered office and be identical.	I the street addre	ss of the busir	ess office of its re	gistered a	gent,
Such change wa authorized by th	s authorized by resolution de e board, or the corporation b	uly adopted by its las been notified	s board of dire in writing of t	ectors or by an off he change.	icer so	
1st lisa St	e of an officer or director	<u>Lis</u>	sa Storey	r typed name and tale	Secreta	<u>ry</u>
	the appointment as registere of an other of the comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has bee	ed agent and agre s of all statutes re with and accept rely to reflect a c n notified in writ		s capacity, proper and comple n of my position as registered office a mge.	ete Fregistereo ddress, I	<i>i</i>
Sign	iaturese Registered Agent			Date		
it signing on bel	half of an entity:					
	Hart, Assistant Secreta ped or Printed Name	гу				