## P98000070448

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## 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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: 24/7 Protection, INC.
2. The mailing address of the corporation: ONE South ODANGE AVE.
SUITE 406 OPLANDO FL 32801
3. Date of incorporation/qualification: 08/12/98 Document number: P98000070448
4. The name and address of the current registered agent and registered office:
F + (_ CO2)
200 LAURA STREET
THE GREENEAST BLD. 3RD FLOOR JALKSONVILLE, FL 32201
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)
SCOTT NORRIS
DNE South ORANGE AVE. STE. 406
ORLANDO, FL BEROI FE 3 T
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 art officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
X / A OS /08/08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name)  (Capacity)
(Typed of Trimed Ivaine) (Gapacity)

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