Entity Name: COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:
1438 HAMLIN AVENUE
ST CLOUD, FL 34771

Current Mailing Address:
1438 HAMLIN AVENUE
ST CLOUD, FL 34771 US

FEI Number: 54-2106354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:
MAURO, KAREN P
1438 HAMLIN AVENUE
SAINT CLOUD, FL 34771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:
Electronic Signature of Registered Agent
Date

Signer/Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP</td>
<td>MAURO, KAREN P</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO FL 32825</td>
</tr>
<tr>
<td>VP</td>
<td>MAURO, CHRISTIAN CASEY MR.</td>
<td>4564 HICKORY TREE ROAD</td>
<td>SAINT CLOUD FL 34772</td>
</tr>
<tr>
<td>VP</td>
<td>APY, KANDICE MAURO</td>
<td>4913 SCENIC VISTA DRIVE</td>
<td>SAINT CLOUD FL 34771</td>
</tr>
<tr>
<td>DVP</td>
<td>MAURO, VINCENT F</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO FL 32825</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN MAURO
Electronic Signature of Signing Officer/Director Detail
Date

PRESIDENT
01/06/2017