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

Current Principal Place of Business:
2013 JAFFA DRIVE UNIT B
ST CLOUD, FL 34771

Current Mailing Address:
2013 JAFFA DRIVE UNIT B
ST CLOUD, FL 34771 US

FEI Number: 54-2106354

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
MAURO, KAREN P
3004 SUMMER SWAN DR
ORLANDO, FL 32825 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

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>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  PRESIDENT  04/27/2015

Electronic Signature of Signing Officer/Director Detail                  Date