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: EDWARD W LYONS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P11000061316

Entity Name: ALL POINTS SECURITY, INC.

Current Principal Place of Business:

6161 SW 183 WAY SOUTHWEST RANCHES, FL 33331

Current Mailing Address:

6161 SW 183 WAY SOUTHWEST RANCHES, FL 33331 US

FEI Number: 35-2417223

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LYONS, EDWARD W 62 HOPETOWN COURT ST AUGUSTINE, FL 32092 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:

Officer/Director Detail : Title Ρ Title VP Name LYONS, EDWARD W Name WEZKIEWICZ, ROBERT W Address **62 HOPETOWN COURT** Address 6161 SW 183 WAY City-State-Zip: ST AUGUSTINE FL 32092 City-State-Zip:

02/28/2019 Date

FILED Feb 28, 2019 Secretary of State 6058053014CC

Date

Certificate of Status Desired: No

SOUTHWEST RANCHES FL 33331

PRESIDENT