503358

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000105283050

07/06/07--01036--017 **35.00

2007 JULI - 6 PM 1.- 09

15 7/11/07 MH/W

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Circle	Security Systems, In (Name of Corpora	C.	
DOCUMENT NUMBER:	503358		
The enclosed Statement of Ch	ange of Registered Office/Agen	at and fee are submitted for filing.	
Please return all corresponden	ce concerning this matter to the	following:	
	Ira Ehrenkrantz (Name of Contact Po		
	(Name of Contact Po	erson)	
	Circle Security (Fifm/Company	y)	
••• • •	8736 SW 131 Stree (Address)	t	
	Miami, R 331% (City/State and Zip	Code)	
For further information concer			
Tru Ehrenkrantz (Name of Cont	at (305) 467-0444 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check ma	ade payable to the Department o	of State.	
, Amer Divis P.O. 1	ng Address: Indment Section Ission of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Circle Security Systems, Inc.
2. The principal office address: 8736 Sw 131 Street
Miami, 12 33176
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/17/1976 Document number: 503358
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
<u>Chanton Stoner, Esq.</u>
1101 Brickell Ave, Suite 1700
Chanton Storer, Esq. 1101 Brickell Ave, Suite 1700 Miami, F2 33/31
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joel S. Magolnick, Esq.
300) Sw 3 rd Avenue (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
Miami, F. 33129
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 an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an office) (Printed or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
x strong
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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