

1201 Peachtree Street, NE Atlanta, GA 30361 Tel. 404 888 6494 Fax 404 888 6498

November 7, 1997

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

600002345196--0 -11/12/97--01104--003 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Re:

Dothan Security, Inc. d/b/a Dothan Security Services

Order #: 1048897

Counsel:

Alan B. Clark, President

Ladies & Gentlemen:

As requested by counsel, we enclose for filing a Change of Registered Agent/Office on behalf of this corporation, together with funds in payment of the required fees. This document should be filed Due Course.

Evidence of the filing should be returned to this office.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: (800)241-8922.

Very truly yours,

Rachel B. Little

Associate Customer Specialist

hel B. Little

/rbl

Enclosure(s)

R.A. Change

A CCH LEGAL INFORMATION SERVICES COMPANY

## Florida Department of State, Jim Smith, Secretary of State

## 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 Alabama submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a. The name of the corporat	lion is: <u>Dothan Se</u>	curity, Inc.	· · · · · · · · · · · · · · · · · · ·
b. Date of incorporation	_ 10/02/1980	Document number 847110	
. The name and address o		ad agent and office:	2
US #1 & Indiantown I	Road, Jupiter, FL	33458	~
The name and address of t (P.O. Box Not Acc	C T CORPORATION SY	'STEM	
C/O C T CORPORATION SYSTE	M, 1200 South Pine	: Island Rd., Plantation, Flori	<u> </u>
1 Villey 9	by resolution duly add	opted by its board of directors or	by
SIGNATURE		ed or printed name and title	
DATE	<del></del>		
I THIS CERTIFICATE, I HERE GENT AND AGREE TO ACT I ITH THE PROVISIONS OF A	EBY ACCEPT THE AF IN THIS CAPACITY. LL STATUTES RELAT	AND TO ACCEPT SERVICE OF ION AT THE PLACE DESIGNATED PPOINTMENT AS REGISTERED I FURTHER AGREE TO COMPLY TIVE TO THE PROPER AND COMITE FAMILIAR WITH AND ACCEPT RED AGENT.	
		OF T CODDONATION CHEMIN	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

SIGNATURE BY.\_

CR2E045 (7-91)

FILING FFF: \$35 nn TOTAL P.02

Registered Agent)