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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
SECUREUSA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 29 2017

S. YOUNG

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**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 Georgia _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SECUREUSA, INC.
2. The principal office address: 1649 NW 136th Ave., Bldg J
Sunrise, FL 3323
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/21/2002 Document number: F02000003190
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Street Address
Tallahassee FL 32301
City State Zip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.
515 East Park Avenue 2nd Fl
Street Address P.O. Box, NOT acceptable
Tallahassee FL 32301
City State Zip Code

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.

Chris Vaughn Chris Vaughn CFO
Signature of an officer or director 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.

Delanie Case 9.28.17
Signature of Registered Agent Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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