(Re	questor's Name)	
<b>(</b>		
, (Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	•
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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## September 16, 2009

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

RE: SCARS

Dear Sir/Madam:

SCARSDALE SECURITY SYSTEMS, INC.

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Kathy Butler Client Service Specialist

KAB ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize ge its registered office or registered agent, (	d under the laws of the Sta	te of N	this <b>EW YORK</b>	_
1. The name of the	he corporation:	RITY SYSTEMS, INC			
2. The principal of	office address:				
132 N	MONTGOMERY AVENUE	SCARSDALE	NY_	10583	
3. The mailing ac	ddress (if different):				
Date of incorporation/qualification:		Document number:	F0400	F0400000024	
5. The name and Florida Depart	street address of the current registered agentment of State:	nt and registered office on t	file with the		
	CT CORPORA	TION SYSTEM			
	1200 SOUTH PI	NE ISLAND RD		_	
	PLANTATION	FL 3	3324	7A S	
6. The name and (if changed):	street address of the new registered agent (	•	red office	2009 SEP 23 A	7
	515 East Pa	ark Avenue		AM IO: OI	7
	(P.O. Box NOT acceptable)				
	Tallahassee	Florida 3	2301	<del>-</del>	
The street addres	ss of its registered office and the street ad be identical.	dress of the business offic	e of its regist	ered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or ied in writing of the chang	by an officer ge.	· so	
Xat	len Q. Butler	KATHYA. BU	JTLER PO	OWER OF ATTORN	EY
I hereby accept ( I further agree to of my duties, and document is beir	ignadire of an officer or director) the appointment as registered agent and a o comply with the provisions of all statute d I am familiar with and accept the oblige ng filed merely to reflect a change in the i been notified in writing of this change.	agree to act in this capaci es relative to the proper ar ation of my position as ree	nd complete p vistered ageni	performance t. Or. if this	
lauxa	Wholis, Asst Secretain	08/14/09			
(	Signature of Registered Agent)		(Date)		_
If signing on bel	half of an entity:				

NATIONAL CORPORATE RESEARCH, LTD.

(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