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(((H20000314349 3)))



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To:		
	Division of Cornorations	

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Addı	PSS:
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REGISTERED AGENT CHANGE STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
Stanley Convergent Security Solutions, Inc. Name of Corporation	
DOCUMENT NUMBER: F0400003191	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	20 til
City/State and Zip Code	23S (
E-mail address: (to be used for future annual report notification)	- 0 S
For further information concerning this matter, please call:	OF STA
Mary Castillo888 705-7274	ATION

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of change is:	ons of sections 607.0502, submitted for a corporation ange its registered office o	on organized u	nder the lav	vs of the State o	<u> Delaware</u>	<u>}</u>
-	poration: Stanley C address: 8350 SUN					
3. The mailing address						
4. Date of incorporation	n/qualification: 6/8/20)04	Document i	number: F040	0000031	91
	address of the current reg of State: (If resigned, ente		nd registere	d office on file	with the	
CC	RPORATION	ISERV	ICE C	<u>OMPAN</u>	Y	
1201	HAYS STREET					
TALL	AHASSEE,		FL	32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A					10	
		P.O. Box NOT a	•			PH 4:
<u>la</u>	llahassee	FL	3230)		်း သွ
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 authouthouthouth	orized by resolution duly d. or the corporation has	adopted by its been notified	s board of c	firectors or by a of the change.	in officer so	
S Meggan Ehret		Me	ggan E	hret	Secretai	ry
l hereby accept the ap, l further agree to com	mointment as registered a poly with the provisions of familiar with and accept d merely to reflect a char notified in writing of this	ngent and agre fall statutes re the obligation the regin change.	e to act in a	od or typed name and this capacity, e proper and co ition as register e address, I her	omnlete perfor	mance if this nat the
Hockerzut Signature of	Registered Agent	09	/02/20	20 Date	 	····
If signing on behalf of	an entity:					
Mackenzie Hart, Assista	·					
Typed or P	rinted Name					
	* * * FIL	ING FEE: \$3	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)