Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850) 521-1000

Fax Number : (850)558-1515

**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 **DEFENDER SECURITY COMPANY -**

Certificate of Status	0
Certified Copy	0 '
Page Count	02
Estimated Charge ,	\$35.00

6/18/2010

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Fax Server

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: DEFENDER SECUR	TY COMPANY	
2. The principal office address: 3750 Priority Way Sou	th Drive - Suite 200	
Indianapolis, IN 46240	í	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 3/27/06	Document number: F06000001939	
5. The name and street address of the current registered age: Florida Department of State:	ent and registered office on file with the	
CT Corporation Systen		
1200 South Pine Island Road	F.0 F	
Plantation FL 33324		
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office	
Corporation Service Company		
1201 Hays Street		
(P.O. Box NOT accoptable)	and z	
Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Signification of an officer orderector	Blanca Lozada, Attorney in Fact	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblideoument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Conporation Service Commany By: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	June 17, 2010	
(Signature of Registored Agent)	(Date)	
If signing on behalf of an entity:		
Grace E. Kirby, Assistant Vice President (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 (8/05)