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(Address)				
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(Document Number)				
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800237658968



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 285603 7827051

AUTHORIZATION :/

COST LIMIT

ORDER DATE : July 23, 2012

ORDER TIME : 9:32 AM

ORDER NO. : 285603-008

CUSTOMER NO: 7827051

CHANGE OF AGENT

NAME:

SMITH & WESSON SECURITY

SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of change is submitt	ed for a corporation organi	2, 607.1508, or 617.1508, Florida $\$$ ized under the laws of the State of $_$	DE
	-	red agent, or both, in the State of F	
		SECURITY SOLUTIONS, INC	<u> </u>
2. The principal office address	277 Mallory Station Ro	oad, Suite 112	
Franklin TN 37067-826	,		
3. The mailing address (if diff	erent):		
4. Date of incorporation/qualit	fication: 8/28/2009	Document number: F090000	003455
5. The name and street address Florida Department of State		gent and registered office on file wit	th the
CT Corpora	ation System		72 1
1200 South	Plantation, FL 33324		
Plantation,	FL 33324		- 65
6. The name and street addres (if changed):	s of the new registered agen	t (if changed) and /or registered off	Q
Corporation	n Service Company		12 22
1201 Hays	Street		
	(P.O. Box NOT acceptable)		_
	e, FL 32301		
The street address of its regis as changed will be identical.	stered office and the street	address of the business office of it	ts registered agent,
· · · · · · · · · · · · · · · · · · ·	by resolution duly adopted ne corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so
Mauren attel		Maureen Cathell, Vice Presid	ient
(Signature of an officer of I hereby accept the appointm I further agree to comply wit of my duties, and I am famili document is being filed mere corporation has been notified. Corporation Service O	nent as registered agent an h the provisions of all state ar with and accept the obli ly to reflect a change in th d in writing of this change.	(Printed or typed name and d agree to act in this capacity utes relative to the proper and conigation of my position as registere e registered office address, I here.	,
By: Was thinky			<u> </u>
(Signature of Registe		(Date)	
If signing on behalf of an en	ity:		
Grace E. Kirby, Assistant (Typed or Printed N			
	* * * FILING FE	EE: \$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)