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Office Use Only



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2011 MAY -2 PH 1: 07
SECRETARY OF STATE

R.A.

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5-10-11



STATEWIDE CENTRAL STATION

2047 Victory Boulevard Staten Island, New York 10314 (718) 494-6414 (866) 494-6414 Fax (718) 494-8509

April 27, 2011

Amendment Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> RE: Statewide Central Station Document #F1000000934

Gentlemen:

We attach completed "Statement of Change of Registered Agent For Corporations", providing a new Registered Agent, along with our check, payable to Florida Department of State, in the amount of \$35.00.

Please advise if anything else is required to process this change.

Thank you.

Sincerely,

Cathi Luongo

Director of Dealer-Client Relations

Enclosure

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| Statewide Monitoring Corp. |
| subject: d/b/a Statewide Central Station |
| Name of Corporation |
| DOCUMENT NUMBER: F 1 000 000 934 |
| 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: |
| Steve Coppola Name of Contact Person |
| Statewide Central Station |
| 2047 Victory Blud. |
| Staten Island Ny 10314 City/State and Zip Code |
| Steve statewide Cs. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cathi Luongo Name of Contact Person at (718) 494-64/4 Area Code & Daytime Telephone Number |
| |
| Enclosed is a \$35.00 check made payable to the Department of State |

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| statement of char | nge is submitted for a co | rporation organized | 607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat | te of New Yo | | - |
|---|---|--|---|--|---------------------------------------|-----------------|
| 1. The name of the | ne corporation: State | vide Monitorir | ng Corp. | | | |
| 2. The principal of | office address: 2047 V | ictory Blvd. | | | · · · · · · · · · · · · · · · · · · · | |
| | Staten | Island, NY 103 | 14 | | | |
| 3. The mailing ac | ldress (if different): | | | | | |
| 4. Date of incorp | oration/qualification: | 02/22/2010 | Document number: | F10000 | 00934 | |
| | street address of the cur ment of State: (If resign | | t and registered office on f | ile with the | | |
| | John Michael Ga | aspar | | | | |
| | 163 Ocean Terra | ace | | AL | 201 | |
| | Ormond Beach, | | | · | 2011 MAY -2 | 71 |
| 6. The name and (if changed): | street address of the nev | v registered agent (i | f changed) and /or register | SSEE, F | | LE |
| | InCorp Services | · | | | PH 1: 0 | D |
| | 17888 67th Cou | | | 4 | 37 | |
| | Lavabatabaa El | P.O. Box NOT acc | ceptable | | | |
| | Loxahatchee, Fl | | | | | |
| The street address as changed will | ss of its registered offic be identical. | e and the street add | dress of the business offic | e of its registe | red agen | ıt, |
| Such change was authorized by the | s authorized by resolut board, or the corpora | ion duly adopted by tion has been notifi | y its board of directors or ed in writing of the chang | by an officer : | so | |
| Signature | e of an officer or director | | Steven M. Cor | pola + | Lee io | lent |
| I hereby accept to a further agree to of my duties, and document is being corporation has | the appointment as reg o comply with the prov. I I am familiar with an og filed merely to reflec been notified in writing | istered agent and a isions of all statute d accept the obliga t a change in the re g of this change. | gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, I | ty. id complete pe istered agent. I hereby confir | erforman Or, if th m that th | ce iis ie |
| Diane Sign | E Kalinows ature of Registered Agent | ke | 04/26/2 Date | 2011 | | - |
| If signing on bel | nalf of an entity: | on behalf of | : | | | |
| | nne E. Kalinowski | InCorp Services, | Inc. | | | |

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