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SECRETARY OF STATE TALLAHASSEE, FLORIDA

8EP = 8 2014T. CARTER

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/4/14

NAME: 3ST SECURITY SYSTEMS, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBUTPAU

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

in orde	nge is submitted for a corporation organiz r to change its registered office or register	ed under the taws of the Si red agent, or both, in the Si	rate of Florida.		
1. The name of t	the corporation: 3SI SI	ECURITY SYSTE	MS, INC.		
2. The principal		Exton	PA	19341	_ _
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: March 21, 20	14 Document number: _	F14000	001334	-
	d street address of the current registered agr rtment of State: (If resigned, enter resigned		n file with the		
	CT Corporation	n System			_4
	1200 South Pine	Island Road		14 S	SEC
	Plantation, FL	_ 33324		SEP -5	· 동교 기원
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): National Corporate Research, Ltd., Inc.					RY OF STA
	155 Office Plaza Drive			3 8	5₩ 2
	Tallahassee, FL 32301	eceptable			
Such change wa authorized by the Signature I hereby accept I further agree performance of agent. Or, if the hereby confirm	ess of its registered office and the street as be identical. as authorized by resolution duly adopted the boards or the corporation has been not into our officer of director. The appointment as registered agent and to comply with the provisions of all status in a document is being filed merely to reflect that the corporation has been notified in pattern of Registered Agent.	by its board of directors of fied in writing of the char Finted or typed and agree to act in this capactes relative to the proper ocept the obligation of my cold a change in the register	r by an officer s ge. Secretar me and title ity. ind complete position as regi- red office address	stered	

Lucy Rose, Assistant Secretary
Typed or Printed Name

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