## F94000001529

(Re	equestor's Name)	)
(Ad	ldress)	
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· ·	,	
, (Cit	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificate	s of Status
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12/02/09--01009--002 \*\*35.00

RACharge Newis 12-2-09 November 20, 2009

## VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Security Vault Works, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Gazman

Respectfully,

KAGISTÉRED ÁGENT SOLUTIONS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid inge is submitted for a corporation organized under the laws of the State o r to change its registered office or registered agent, or both, in the State o	MARY MARY	
1. The name of t	he corporation: SECURITY VAULT WORKS, INCORPO	DRATE	D
2. The principal	office address: 122 LAFAYETTE AVE.		
	LAUREL MD 20707		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/28/1994 Document number:	F94000	001529
	street address of the current registered agent and registered office on file timent of State: (If resigned, enter resigned)	with the	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	_ <del>_</del>	
	PLANTATION FL 33324	As =	<u>.</u>
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of .	SECRETAR LLEHASS	
	REGISTERED AGENT SOLUTIONS, INC.	<u>m</u> ~ ⊂	, m
	155 Office Plaza Dr. Suite A	FLOGIA	
	P.O. Box NOT acceptable  Tellahagana Florida 22201		
	Tallahassee, Florida 32301		
The street addre as changed will	ss of its registered office and the street address of the business office of be identical.	f its registe	ered agent,
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by be board, or the corporation has been notified in writing of the change.	an officer	so
Signatur	e of air of the Admirector Printed or typed name an	CED d title	<del>/</del>
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and confirm familiar with and accept the obligation of my position as registed filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	complete pered agent. reby confi	erformance Or, if this rm that the
Sign	nature of Registered Agent Date		<del></del>
If signing on be	half of an entity:		
Sean Prz	WH ASSISTANGELINETUY		

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

## RESTATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

10 <u>2</u> 17	he corporation: SECU	FAYETTE AVE	WORKS, INCO	RPURATED	
	office address: 122 LAI	L MD 20707			
Control of the Contro		L IVID 20101			
The mailing ac	idress (if different):				
4. Date of incorp	oration/qualification:	03/28/1994		F940000015	29
	street address of the curr tment of State: (If resigne		and registered office or	n file with the	
Element of the second	CT CORPORATIO	N SYSTEM			
ikkilik <b>ili igh</b> na piinas hjadori <b>p</b> alini	1200 SOUTH PINE	ISLAND ROAD	)		,
	PLANTATION FL 3	3324			
The mail in out of chi				SECONO NOV	- <del></del>
6. The name and (if changed):	street address of the new	registered agent (11	cnanged) and for regist		<u> </u>
7. Tr + m	REGISTERED AGE	ENT SOLUTION	IS, INC.	30 SSEE SSEE	77
g.2: The prime of	155 Office Plaza Di				3
r y #gt giv 		P.O. Box NOT acc	eptable	: 03	
er n n th 3. The matelling	Tallahassee, Florida	a 32301			
The street addre	ss of its registered office be identical.	e and the street add	ress of the business off	fice of its registered ag	gent,
Such change wa	s authorized by resolution board, or the corporation	on duly adopted by	its board of directors of	or by an officer so	
The Home Done	La anna		Linda M.	111 CSD	
	e of air offices of threetor	<del></del>	Printed or typed n	name and title	
	the appointment as regi o comply with the provi	sions of all statutes	relative to the proper	and complete perform	iance
I further norse t		l accept the obligat	ion of my position as re	egistered agent. Or, i	f this t the
I hereby accept  I further agree to the second of my duties, and document is being the second of the	d I am familiar with and ng filed merelv to reflect	t a change in the re	gisterea office adaress	, i nereby conjum ma	
I hereby accept  I further agree to the second of my duties, and document is being the second of the	d I am familiar with and ng filed merely to reflect been notified in writing	t a change in the re of this change. —	gisterea office daaress	, Thereby congirm ma	

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