F9500000235/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800274796848

15 AUG -4 AM 8: 43

RECEIVED

H. CAN OF CONTRACTOR

MIG 2 SUIS CLEAGE COMPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 1200000001	195
--------------------------	-----

REFERENCE : 733922 4312240

AUTHORIZATION THE BELLENON

COST LIMIT : \$35.00

ORDER DATE : August 4, 2015

ORDER TIME : 2:39 PM

ORDER NO. : 733922-005

CUSTOMER NO: 4312240

CHANGE OF AGENT

NAME: SENTRYNET, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO:	TO: Amendment Section Division of Corporations						
SUBJ	SentryNet, Inc. ECT: Name of Corporation						
DOCU	F95000002351 JMENT NUMBER:						
The en	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:						
	Leslie Jackson, Paralegal						
Name of Contact Person							
Carmody Torrance Sandak & Hennessey LLP							
Firm/Company							
50 Leavenworth Street, P.O. Box 1110							
Address							
Waterbury, Connecticut 06721-1110							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, please call:						
Leslie	Jackson 203 578-4223 at ()						
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclos	ed 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 cha	mge is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t rporation organized under the laws of the State of Mississip office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: SentryNe	et, Inc.	
2. The principal	office address: 1341 Syc	amore View Drive, Suite 300, Memphis, TN 38134	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10	Document number: F95000002351	
	i street address of the curr trment of State: (If resigne	rent registered agent and registered office on file with the ed, enter resigned)	
	David J. Avritt		
	517 North Baylen Street	t	
	Pensacola, FL 32501		DIVISIBI 15 AU
6. The name and (if changed):	I street address of the new	v registered agent (if changed) and /or registered office	- 6 - 유지
	Corporation Service Cor	mpany	CORPORNATIONS AM 8: 43
	1201 Hays Street		8: 5 m
	Tallahassee	P.O. Box NOT acceptable FL 32301	ω <u>*</u>
	1 dualiassee	1 2 32301	
The street addre as changed will	ess of its registered office be identical.	and the street address of the business office of its registere	ed agent,
Such change wa authorized by th	s authorized by resolution board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	1
Ka	re of an officer or director	Kara J. Dean, Assistant Secretary	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	· '	Printed or typed name and title stered agent and agree to act in this capacity. stons of all statutes relative to the proper and complete iliar with and accept the obligation of my position as regist d merely to reflect a change in the registered office address been notified in writing of this change.	tered s, I
By:	week U	U8, U4.15	
	lature of Registered Agent	Date	
If signing on be COL	half of an entity: Irtney Williams		
	Vice President ped or Printed Name		

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