## F97000002655

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	CITA DIDIA NI DEGTECTION	Leenvicee nic				
SUBJECT:	BJECT: GUARDIAN PROTECTION SERVICES, INC. (Name of Corporation)					
DOCUMENT N	J <b>MBER:</b> F970	00002655				
The enclosed State	ement of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all co	orrespondence concerning this matter t	o the following:				
	Karen L. I	Redman				
	(Name of Cont	act Person)				
	NRAI Servi	ices, Inc.				
	(Firm/Con	ipany)				
	2731 Executive Par					
	(Addre	ss)				
	Weston,	FL 33331				
•	(City/State and	Zip Code)				
For further inform	ation concerning this matter, please ca	11:				
	Karen L. Redman	at ( <u>954</u> ) <u>318-2787</u> (Area Code & Daytime Telephone Num	h o m\			
(14	ame of Confact Person)	(Area Code & Daytime Telephone Num	noer)			
Enclosed is a \$35.	00 check made payable to the Departm	nent 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

			607.1508, or 617.1508, Floria ed under the laws of the State o			
		=	ed agent, or both, in the State o	•		
1. The name of th	. The name of the corporation: GUARDIAN PROTECTION SERVICES, INC.					
	office address: 174 Thorn					
3. The mailing ac	dress (if different): One	e Armstrong Place,	Butler, PA 16001			
4. Date of incorp	oration/qualification:	5/15/1997	Document number:	F06000003568		
5. The name and Florida Depart		rent registered age	nt and registered office on file	with the		
		Corporation Service	e Company			
1201 Hays Street						
		Tallahassee, FL	32301	OG O		
6. The name and (if changed):	street address of the nev	v registered agent (	(if changed) and /or registered	FILED OF STATE STATE STATE OF STATE		
		NRAI Service	s, Inc.	FSI PE		
2731 Executive Park Drive, Suite 4						
	(P.O.	Box NOT acceptable) Weston, FL 3	33331			
-			ddress of the business office of by its board of directors or by lied in writing of the change.			
authorized by the	board, for the dorporat	ion has been notif				
(Signatur	e'ol an officer or director)	<del></del>	Dru. A. Sedwick, S (Printed or typed name a			
I hereby accept to a further agree to of my duties, and document is being corporation has	he appointment as regi comply with the provi I am familiar with and g-filed merely to reflec been notified in writing	stered agent and sions of all statuted accept the obligent achange in the statuted achange.	agree to act in this capacity. es relative to the proper and c ation of my position as registo registered office address, I he	complete performance ered agent. Or, if this ereby confirm that the		
Steel			10 16 /2000	6		
	nature of Registered Agent)		(Date)			
If signing on beh	•					
	dman, Assistant Secretar ped or Printed Name)	<u>y</u>				

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