(10000000)2753

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
opecial mandotona to 1 ming officer.					

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**25.00 01/13/06--01013--024

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Security Networks, LLC		 _
	(Name of L	imited Liability Company)	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered C	office Change and fee(s) are submitt	ed for filing.
Please	e return all correspondence concerning	this matter to the following:	
Dich	nard W. Perry		
TAGE	(Name of Person)		
Seci	urity Networks, LLC		
	(Firm/Company)		
			78. 18.
3223	3 Commerce Place Suite 101		
	(Address)		2006 JAN 13 SECRETARY
Mac	t Palm Beach, FL 33407		1.1
1162	(City/State and Zip Code)		PHI2: 30 CF STATE E. FLOXID:
For fu	orther information concerning this matte	er, please call:	20m 30
	-	•	
Trist	na Paulino	at (800) 784-2042 ext 2	243
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	,	
	Enclosed is a check for the followin	g amount:	
	✓\$25 Filing Fee	S55 Filing Fee & Certific	ed Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•	•			
1. The name of the limited	l liability company is:	Security Networks, LLC		 +
2. The mailing address of	the limited liability co	ompany is: 3223 Commerce Place	ce Suite 101	-
West Palm Beach, FL 33	3407			,
3/10/2000		L00000002753		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S		stered office address as shown on th	ne records of the	
	Perry, Richard W	V		
•		Name		
	5800 Corporate W	Vay		
•		Address		
West Palm Beach, FL 33407				
•	City,	State and Zip		
6. The name and address of the new registered agent and/or office:				
;	Perry, Richard W.	•	2006 JAN 13 SECRETARY ALLAHASSI	Cream
-		Name		77
3	3223 Commerce F		%	
_	Florida street address	s (P.O. Box NOT acceptable)		1
,	West Palm Beach	_{FL} 33407	S N	
-		State and Zip	PM IZ: 30 DF STATE DFL CRID	
If the limited liability com-	nany is not organized	under the laws of the State of Flori	da it is hereby	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or alithorized representative of a member)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00