

LD0000002753

(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

G. MCLEOD
MAR 29 2011
EXAMINER



800198931658

03/28/11--01049--018 **25.00

FILED
11 MAR 28 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

Corporate Filing Transmittal Form

To:	CORPORATION DIVISION	From:	Tony Smith
Order #:	FL20110015	Date:	Mar 22, 2011

Target Name	Dom Juris
SECURITY NETWORKS, LLC	DE

Attached for filing, please find the following:

REP - CHANGE OF AGENT

Type of Service:

<input type="checkbox"/> Same Day	<input type="checkbox"/> 24 Hour	<input type="checkbox"/> Routine	<input type="checkbox"/> Other:
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Please return the original evidence to the following:

Tony Smith NRAI Corporate Services, Inc. 10100 W. Sample Road, Suite 101 Coral Springs, FL. 33065
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Special Instructions/Notes:

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Please Send Via:

<input checked="" type="checkbox"/> Email: tsmith@nrai.com	<input type="checkbox"/> Fax: (954) 318-2790	<input type="checkbox"/> FedEx: Acct #	<input checked="" type="checkbox"/> Mail
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Please contact us at (954) 318 - 2790 with any questions, problems or delays. Thank you for your assistance!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURITY NETWORKS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY SMITH
Name of Person

NRAI CORPORATE SERVICES LLC
Firm/Company

10100 WEST SAMPLE ROAD SUITE 101
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

TSMITH@NRAI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY SMITH at (954) 318-2787
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified 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. Name of the limited liability company: SECURITY NETWORKS LLC

2. (a) Principal office address of limited liability company: 3223 COMMERCE PLACE SUITE

(Note: MUST BE STREET ADDRESS) WEST PALM BEACH FL 33407

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) _____

03/10/2000

LOOOOOO02753

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: PERRY, RICHARD W

Registered Office Address: 3223 COMMERCE PLACE SUITE 101

WEST PALM BEACH FL 33407 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS) Tallahassee

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11 MAR 28 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

RICHARD PERRY, 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.

by: [Signature]
Signature of Registered Agent

Tony Smith Asst. Sec.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00