2003 LIMITED LIABILITY COMPANY

SIGNATURE;

## May 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000011243 04-30-2003 90175 040 \*\*\*\*55.00 1. Entity Name SAFETYVOLT SYSTEMS, LLC Principal Place of Business Mailing Address 44002882 2462 6TH AVE. SW 2482 6TH AVE., SW LARGO FL 33770 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State Not Applicable Country \$5.00 Additional Zio Country 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROXTON, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 2462 6TH AVE., SW **LARGO FL 33770** Zip Code Ċ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change Addition TITLE Delete TIRLE CROXTON, BENJAMIN MAME STREET ADDRESS 2462 6TH AVE., SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZDP **LARGO FL 33770** Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-SY-ZIP CITY-ST-ZIP ├ 🔲 Addition: TITLE ☐ Change TITLE 🔲 Deleta 1:23.FF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-70 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information d on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**