L02000024803

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SECALIARY OF STATE PALLAHASSEE, FI ORIBA

JB 31-03



Connective Home of Florida, LLC

25150 Bernwood Drive, Suite #8

Bonita Springs, Fl. 34135

Phone: (866) 24 Wired (239) 947-9617

Law Department

PO Box 235 Macedonia OH 44056

(330) 468/2765 Fax (330) 467-0276

www.connectivehome.com

Fax: (239) 947-7715

January 22, 2003

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Change of Registered Agent Connective Home of Florida, L.L.C.

Dear Division of Corporations:

Please find enclosed the properly executed "Statement of Change of Registered Office or Registered Agent or

Both for Limited Liability Company" Form INHS18 (10/99) and the filing fee of \$25.00.

Please process in your usual course and return the proper certification to me in the enclosed envelope.

Sincerely,

L. PATRICK KELLEY

General Counsel

Email: pkelley@asasecurity.com

LPK:lp

SECRETARY OF STATE

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 liability	company is: Connec	tive Home of Florida, LLC	
2. The mailing address of the limite			Suite B
Bonita Spriings FL 34135	.		·
September 23, 2002		L02000024803	
3. Date of filing/registration in Flor	ida	4. Document number	
5. The name of the registered agent Florida Department of State: Arthur A	and the registered office	e address as shown on the rec	ords of the
25150 E	Name Bernwood Drive, Suite	9 B	ericania. English
Bonita S	Address Spriings FL 34135 City, State and 2		- , -:
6. The name and address of the new	•	•	
Bryan P	ope	فستر منتانيو واراني الرووم المواومون	material control of the control of t
25150 E	Name Bernwood Drive, Suite	8	127
Florida	street address (P.O. Box		
Bonita S	priings FL 341	35	. <u>-</u> ,
	City, State and Zi	ip	
If the limited liability company is no confirmed that after the change or cland the business office of the registe liability company, it is hereby confir the members of the limited liability the operating agreement of the limit	hanges are made, the Flered agent will be identi- med that the change(s) company or as otherwised liability company.	orida street address of the regical. Or, in the case of a Flori was/were authorized by an a	ristered offices ida limited ffirmative vote of
(Signature of a member or authorized represent			25 c
Ronald E. Baxter, Managing Me (Printed or typed frame of signee)	mber	<u>-</u>	28 100 100 100 100 100 100 100 100 100 10
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docum address, thereby confirm that the li	registered agent and a tuies relative to the pro te obligations of my pos ent is being filed to men mited liability company	gree to act in this capacity. I oper and complete performan sition as registered agent as p rely reflect a change in the re has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00