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SECRETARY SE STATE

JOHN W. ARNETT'
M. THOMAS BOND, JR.
RAUL CARRERAS, JR.
ANN MELINDA CRAGGS
TOMMY D. PERMENTER, JR.**



** ALSO ADMITTED IN SC

MARTY SMITH

WILLIAM H. PHELAN, JR.



101 SOUTHWEST THIRD STREET POST OFFICE BOX 2405 OCALA, FLORIDA 34478 Telephone (352) 622-1188

FACSIMILE (352) 622-1125

August 19, 2005

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Kombat Security Systems, LLC

Our File No. 05-0574

Dear Sir or Madam:

We are enclosing for filing Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Kombat Security Systems, LLC. Please date stamp the enclosed copy to evidence the filing of same and return it to us in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to contact us.

Sincerely,

BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.

Tommy D. Permenter, Jr.

TDP/sb Enclosures

cc: Todd Brewer (w/enclosure)

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:	Kombat Security Systems, LLC	>		
2. The mailing address of the limited liability co				
Orlando, Florida 32818				
Janaury 4, 2005	L05000001120			
3. Date of filing/registration in Florida	4. Document number		400	
5. The name of the registered agent and the regis Florida Department of State: Clint M. Lyttle	tered office address as shown on the	records o	of the	
2125 Fish Eagle St	Name reet	=	0	
Clermont, Florida 3	Address 34714 State and Zip	ALLAHA SECKET	05 AUG 22	71
6. The name and address of the new registered ag	•	CTARY OF STATE HASSEE FLORIDA	22 PM	m
Todd R. Brewer		F S i	PM 3: 30	
8300 Honolulu Driv	Name e	RIDA	30	
Florida street address	s (P.O. Box NOT acceptable)			
Orlando,	FL 32818			
City, S	state and Zip			
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company.	ade, the Florida street address of the ill be identical. Or, in the case of a Fechange(s) was/were authorized by a as otherwise provided in the articles ompany.	e registere Florida lin an affirma	ed offi nited ative v	ote of
(Signature of a member or authorized representative of a member	er) · · · · · -			
Printed or typed name of signee)				
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	gent and agree to act in this capacit e to the proper and complete perfort is of my position as registered agent filed to merely reflect a change in th ty company has been notified in writ	y. I furth nance of i as provid e register ting of thi	er agi iny di led fo red of s chai	ree to ities, r in fice nge.
(Signature of Registered Agent)				

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

FILING FEE: \$25.00

INHS18(10/99)