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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 £

LLC REGISTERED AGENT CHANGE I-CON SYSTEMS HOLDINGS, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: 1-Con Systems I	loldings.	. LLC	·			
2. (a)							
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	3100 Camp Road		3100 Camp Road				
	Oviedo, FL 32765		-	Oviedo, Fl	do, F1, 32765		
	November 9, 2011		Li	1000127	709		
3.	Date of filing/registration in Florida	4.			Document nu	umber	
5. (a)	Shawn D. Bush						
(a)	Registered Agent and Registered Office shown on the records of	- c:	2025 . SECTALL				
	Registered Office Address 4 MUST BE FLORIDA STREET 3100 Camp Road	_	FILE 2025 JAN 29 SECRETARY I TALLAMASSIE				
	Oviedo, FI	-					
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-					
	NEW Registered Office Address:	NEW Registered Office Address:					
	1200 South Pine Island Road	_					
	Plantation FI	33324					
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the M. Kipp	registe ability of of the li limited	red comp mite Hiab	office and pany, it is d liability	d the business thereby confi y company or apany.	soffice of the registered irmed that the change(s) as otherwise provided in	
-	ture of a member or authorized representative of a member			.1	••	d name of signee	
поприе	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is in writing of this change.		ct in nanc Cha confi	this capa e of my a pter 605 rm that t	icity. I furthe luties, and I a , F.S. Or, if the he limited lia	r agree to comply with the m familiar with and accept his document is being filed bility company has been	
อายันชกก	re of Registered Agent						