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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Constitution to Ellino Office | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

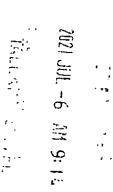


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| | tegistration Section Division of Corporations | | | |
|-------------|--|-----------------------|---|--|
| SUBJEC | CONTROL SYSTEM TECHNOLOGIES, ELC Name of Limited Liability Company | | | |
| SOBJEC | | | | |
| Dear Sir | or Madam: | | | |
| The enclo | osed Registered Agent/Registered (| Office Change and f | ee(s) are submitted for filing. | |
| Please re | turn all correspondence concerning | this matter to the fo | ollowing: | |
| Ronald W | 'alker | | | |
| | Name of Person | | _ | |
| CONTRO | OL SYSTEM TECHNOLOGIES, LLC | | | |
| · | Firm/Company | | | |
| РО ВОХ | 781686 | | | |
| | Address | | | |
| Orlando, | Florida 32878 | | | |
| | City/State and Zip Cod | e | _ | |
| ron.walke | r@estfs.com | | • | |
| E-n | nail address: (to be used for future | annual report notific | cation) | |
| For furth | er information concerning this mat | ter, please call: | | |
| Ronald W | 'alker | 407 at (| 948-2183 | |
| | Name of Person | (| Area Code & Daytime Telephone Number | |
| } I i | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 | |
| I | Enclosed is a check for the follow | ing amount: | | |
| į | S25 Filing Fee | □ \$5 | 5 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 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. Name of the limited liability company: CONTROL \$131 | TEM TECHNOLOGIES, LLC |
|---|---|
| 2. (a) | (b) PO Box 781686 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Suite 136 | Orlando, FL 32878 |
| Orlando, FL 32822 | |
| 09/18/2012 | E12000119291 |
| Date of filing/registration in Florida | 4. Document number |
| 5 (a) CHAD A WALTERS, P.A. | |
| 5. (a) Registered Agent and Registered Office shown on the records of to 174 WEST COMSTOCK AVENUE | f the Florida Dept. of State: |
| Registered Office Address | |
| WINTER PARK | L. 32789 - 8 |
| (b) Enter name of NEW Registered Agent and/or NEW Registered 14600 Yorkshire Run Drive NEW Registered Office Address: | |
| Orlando, FL | L_32828 |
| If the limited liability company is not organized under the lay change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the | iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. |
| Miller | Ronald S. Walker |
| Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I h notified in writing of this change. Signature of Refistered Agent | Printed or typed name of signee gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 603, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |
| Division of Corporations • P.O. 1 | |

FILING FEE: \$25.00