2000 UNIFORM BUSINESS REPORT (UBR) FILED L99000004726 DOCUMENT # 1. Entity Name 00 JAN 24 AM H: 15 LANCELOT SECURITY LLC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3240-A JUAN TABO NE. STE 2114 3240-A JUAN TABO NE. STE 2114 ALBUQUERQUE NM 87111 ALBUQUERQUE NM 87111-5129 2. Principal Place of Business 3. Mailing Address 900 & Indiantown Kd 900 E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 216 Swite 216 4. FEI Number Applied For City & State City & State 65-0939639 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent; A. Neves WILCOX, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) Induntour 900 E. INDIANTOWN RD., STE 100 JUPITER FL 33477 Suite Ulb City 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. registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstit FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. TITLE TITLE Change | ☐ Delete MGRM MAME **NEVES, TERRY** 900 E Indiantown Rd, Suite EIL STREET ADDRESS STREET ADDRESS 2701 PALO ALTO DRIVE NE CITY - ST- 219 CITY - 21 - 712 ALBUQUERQUE NM ☐ Delete TITLE Addition TITLE MGRM MAME NEVES, ELIZABETH A STREET ADDRESS STREET ADDRESS 2701 PALO ALTO DRIVE NE 87112 CITY- ST/ZIP CITY-ST-ZIP ALBUQUERQUE NM Change TITLE ☐ Delete TITLE NAME MAME 700003118917: STREET ACCRESS STREET ADDRESS -02/01/00--01100--004 CITY-ST-ZIP CITY-27-ZIP *****50.00 *****50.00 ☐ Change ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ANDRESS CITY-\$1-ZIP CITY- ST- 7LP (Caleta TETLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. NEVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MANAGER Date Daytime Phone #