## M0100000333

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(Ac	ddress)	· .
· (Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
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DIVISION OF CORPORATION



ACCOUNT NO. : 07210000032 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: November 2, 2007 ORDER TIME : 9:11 AM ORDER NO. : 301421-025 CUSTOMER NO: 7607926 CHANGE OF AGENT NAME: SENTINEL OFFENDER SERVICES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Roath

## 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.

3					
1. The name of the limit	ed liability company is: 5	SENTINEL	OFFENDER SE	RVICES, LLC	
2. The mailing address of	of the limited liability com	npany is:			
220 Technlogy Drive	e, Suite 200, Irvine, C.	A 92618			
February 9, 2001		M01000000333			
3. Date of filing/registration in Florida		$\overline{4}$	4. Document number		
5. The name of the regist Florida Department of				e records of the	
		oration Sys	tem		
	1200 South	Name Pine Island	Road	<b>T</b> 0	
		ddress	<del></del>	SEC OT A	
Plantation, FL 33324				皇帝 包	
	• •	tate and Zip		07 NOV -6 SECRETAR	
6. The name and address	of the new registered age	ent and/or off	ice:	SET P	
	Corporation S	Service Cor	npany	70 -	
	1201 H	ame lays Street		ORIE 53	
	Florida street address (	P.O. Box NO	OT acceptable)	<b>&gt;</b>	
· ·	Tallahassee	FL	32301	•	
		ite and Zip			
confirmed that after the cand the business office o liability company, it is he of the members of the li	mpany is not organized unchange or changes are made if the registered agent will ereby confirmed that the comitted liability company ont of the limited liability	de, the Floric be identical change(s) wa r as otherwis	la street address of th Or, in the case of a s/were authorized by	ne registered office Florida limited an affirmative vote	
Kath Upt	ters				
(Signature of a (member of author	prized representative of a member)				
Kathy Yetter					
(Printed or typed name of signed	e)				
comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered age ns of all statutes relative nd accept the obligations this document is being fil n that the limited liability	to the proper of my position in the property of the property company ha.	e to act in this capaci and complete perfoi n as registered agen reflect a change in t s been notified in wri	ity. I further agree t mance of my duties, t as provided for in he registered office iting of this change.	
(Signature of Registered Agent)	whethere K. vannoy,				
Divisi	on of Corporations, P.O	. Box 6327,	Tallahassee, FL 32:	314	

**FILING FEE: \$25.00** 

INHS18 (8/05)