

MO20000001668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

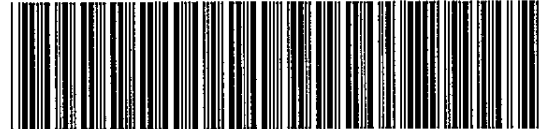
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Certificates of Status _____

Special Instructions to Filing Officer:

MO2-11668 RA/RO change

Office Use Only



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12/12/05--01014--015 **35.00

SECRETARY OF STATE
TALAHASSEE, FLORIDA

05 DEC 12 PM 4:01

APPROVED
AND
FILED

NewCo Corporate Services, Inc.

875 Avenue of the Americas
Suite 501
New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

November 21, 2005

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

RE: SUNSTATES SECURITY, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both.
Please file the attached and return a filed-stamped copy to the attention of the undersigned at the
above address.

If there is a problem, please contact the undersigned immediately at the following toll-free
number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,



Theresa Festa
Senior Corporate Specialist

Check #- 223 86 - \$35.00

**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: SUNSTATES SECURITY, LLC
2. The mailing address of the limited liability company is : 6450 Phillips Highway, Suite 8
Jacksonville, FL 32216

6/24/2002

M02000001668

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street, Suite 105

Address

Tallahassee, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

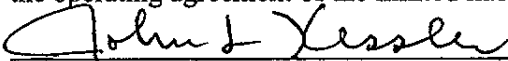
Florida street address (P.O. Box NOT acceptable)

Weston

FL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

John L. Kessler, Authorized Person

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI Services, Inc.


(Signature of Registered Agent)

By: Delia Taliento, Asst. Secty.

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

05 DEC 12 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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