2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# M02000001668

Entity Name: SUNSTATES SECURITY, LLC

Current Principal Place of Business:

C/O SAM POLITI
3435 PHILLIPS HIWY, STE 310
JACKSONVILLE, FL 32207

New Principal Place of Business:

C/O JASON DELTORO
1124 BROADWAY, SUITE Q
RIVIERA BEACH, FL 33404

Current Mailing Address:

133 SOUTH CENTER COURT
SUITE 1100
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 56-2053968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PETER F. SOUZA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BURRELL, GLENN
Address: 133 SOUTHCENTER COURT SUITE 1100
City-St-Zip: MORRISVILLE, NC 27650

Title: MGR ( ) Delete
Name: BURRELL, KATHY
Address: 133 SOUTHCENTER CT, SUITE 1100
City-St-Zip: MORRISVILLE, NC 27560

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: GLENN P. BURRELL PRES 10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date