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Division of Corporations

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From:

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Phone : (608)827-5300

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Email Address: Jeathcart@sunstatessecurity.com

## LLC REGISTERED AGENT CHANGE SUNSTATES SECURITY, LLC

Certificate of Status	0
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**EXAMINER** 

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*	STATEMENT OF CHANGE OF REGISTERED OF	FFICE 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. Name of the limited liability company:	SunStates Security, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	25 5 7
(1700C, MOST DE STREET ADDITION)	F2 6
(b) Mailing address of limited liability company:	15 F
(Note: MAY BE POST OFFICE BOX)	
(	75
6/24/2002	M0200001668
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	2731 EXECUTIVE PARK DRIVE, SUITE 4
•	WESTON FL 33331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	C T Corporation System
NEW Registered Office Address:	1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.
Glenn Burrell, Manager Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent Mark Williams, AVP, C T Corporation System  Division of Corporations, P.O. Box 6	6327, Tallahassec, FL 32314
FILING FEE: INHS18 (05/08) Fax Audit #- H10000 202	