Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Technok xet

: (850)205-0380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432063053 Phone: (305)672-0686

Fax Munider

: (305)672-9110

REGISTERED AGENT CHANGE

SECURESOLUTIONS, LLC

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STATEMENT OF CHANGE OF REGIS BOTH FOR LIMIT	TERED OFFICE OR REGISTE ED LIABILITY COMPANY	RED AGENT OR
Pursuant to the provisions of sections 608.416 or 60 submits the following statement in order to change its		To all the state of the state o
1. The name of the limited liability company is: Secure	Solutions LLC	JUN 26 A. 9: 25
2. The mailing address of the limited liability company	is: 200 Harry S. Truman Parkway.stc.	340 SECRETARY
Annapolis MD 21401		ALLAHASSEE STATE
1. The name of the limited liability company is: Secure 2. The mailing address of the limited liability company Annapolis MD 21401 47927004	15050	TORIOA
6/28/2004 3. Date of filing/registration in Florida	4. Document number	00002546
5. The name of the registered agent and the registered Florida Department of State:		of the
C T Corporation Syste		
	Name	•
1200 South Pine Island	Roed Address	_
Plantation FL 33324		
	y, State and Zip	-
3. The name and address of the new registered agent a	nd/or office:	
Corporate Creations N	etwork Inc.	Service (
	Name	_
11380 Prosperity Farm		<u>-</u>
Portoz succi aggre Palm Beach Gardens	ss (P.O. Box NOT acceptable) FL 33410	•
	FL 33410 V, State and Zip	-
If the limited liability company is not organized under		who could mad that often the above as
or changes are made, the Florida street address of the ridentical. Or, in the case of a Florida limited liability of an affirmative vote of the members of the limited liability comparation of the limited liability comparation of a member of authorized representative of a member of a	egistered office and the business office company, it is hereby confirmed that the lity company or as otherwise provided in the lity.	of the registered agent will be change(s) was/were authorized by
by: Maria Areiza as attorney- in-fact (Printed or Typed name of Signes)		
I hereby accept the appointment as registered agent at af all statutes relative to the proper and complete perfemy position as registered agent as provided for in Chain the pegistered office address, I hereby confirm that is	ormance of my duties, and I am familias pter 608, F.S. Or, if this document is b	with and accept the obligations of sing filed to merely reflect a change
(Signature of Registered Agent)	P.O. Box 6327, Tallahassee, Fl	L 32314
Corporate Creations International Inc.		

941 Fourth Street Miami Beach FL 33139 (305) 672-0588

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