time 44

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ACCOUNT NO. : 072100000032

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7515312

Cena. REFERENCE: 492812

AUTHORIZATION

ORDER DATE: September 29, 2006

ORDER TIME: 3:53 PM

ORDER NO. : 492812-285

CUSTOMER NO: 7515312

CHANGE OF AGENT

NAME:

COVENANT SECURITY SERVICES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

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 l	imited liability company i	s: COVENA	NT SECURITY SER	VICES, L.L.C.	
2. The mailing addre	ess of the limited liability	company is :			
270 Remington Blvd., S	uite B, Bolingbrook, IL 60440				
Innuary 27, 2005			140500000442		
January 27, 2005 3. Date of filing/registration in Florida			M05000000442 4. Document number		
	egistered agent and the reg	gistered offic	e address as show	n on the records of the	
	CT	Corporation Sy	stem		
Name					
1200 South Pine Island Road					
Address					
Plantation, FL 33324 City, State and Zip					
		• /	•	Total W Page	
6. The name and add	ress of the new registered	agent and/or	office:	Ser =	
Corporation Service Company					
Name OF F					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City	, State and Zi	p		
confirmed that after tand the business officiability company, it of the members of the or the operating agre	ce of the registered agent is hereby confirmed that t	made, the Fl will be ident the change(s) ny or as other lity company	orida street addre ical. Or, in the ca was/were authori	ss of the registered office	
Maureen Cullen, Attorne	ey In Fact				
(Printed or typed name of s	ignee)		-		
Michell	LR-Vann	agent and an ive to the property of the proper	gree to act in this per and complete sition as registere rely reflect a chan has been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office I in writing of this change.	
(Signature of Registered A	gent) Michelle R. Vannoy, Ass	t. V Ce Presider	nt		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00