100000420 Division of Co

Florida Department of State

Division of Corporations Public Access System

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TO:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

T. CLINE

NOV 1 0 2008

EXAMINER

SAFEGUARD SERVICES OF DELAWARE LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35,00

± 25.00

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Corporate Filing Menu

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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.

I. Nam	e of the limited liability company:	SafeGuard Services LLC dible SafeGuard Services of Jelanua	e Li
2. (a) }	Principal office address of limited lis (Note: MUST BE STREET ADD)	bility company: 5400 Legacy Drive LESS Plano, TX 75024	Ø 23
			_
(b) I	Mailing address of limited liability c (Note: MAY BE POST OFFICE I	ompany: 5400 Legacy Drive (OX) Plano, TX 75024	C1 D1
07/06/200	07	M07000004210	
3. Date	of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:	
f	Registered Agent:	Corporation Service Company	
1	Registered Office Address:	1201 Hays St	
	_	Tallahassee, FL 32301	l
		<u> </u>	F
(b) £	enter name of <u>NEW Registered Ag</u>	ent and/or NEW Registered Office uddress:	********
1	NEW Registered Agent:	C T Corporation System	in the
ľ	<u>NEW</u> Registered Office Address: MUST BE FLORIDA STREET AL	DORESS) 1200 South Pine Island Road 50 co	f.,
•		Plantation p.FL 55324	
office of hereby c liability limited i	the registered agent will be identicated that the change(s) was/we	zed under the laws of the State of Florida, it is hereby confirme to Florida street address of the registered office and the business of. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limit in the articles of organization or the operating agreement of the	
	ord Itellande	sures, y	
	typed name of signee)		
		ed agent and agree to act in this capacity. I further agree to active to the proper and complete performance of my auties, and of my position as registered agent as provided for in Chapter 6 arely reflect a change in the registered office address, I hereby a been noticed to which the continue of this change. Appleton Continue Appleton Continue Appleton Continue Appleton Continue	

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

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