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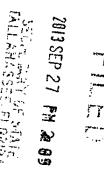
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: September 25, 2013

Order#: 818403-037

Re: ALARM PROTECTION TECHNOLOGY FLORIDA, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	me of the limited liability company: ALARM PROTE	CTION TECHNOLOGY FLOR	RIDA, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		ny: 189 N. Highway 89 Suite C-12 North Salt Lake City, UT 84054		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		200 8 SE	
	08/08/2011	M11000003981	25 P	
3. Da	ite of filing/registration in Florida	4. Document number	mr.	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida D		
	Registered Agent:	Registered Agent Solutions		
	Registered Office Address:	155 Office Park Drive Suite A Tallahassee, FL 32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addr	ess:	
	NEW Registered Agent:	Corporation Service Company		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
		Tallahassee	,FL <u>32301</u>	
confir and th liabili the m the op	limited liability company is not organized under the lemed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise realing agreement of the limited liability company.	orida street address of the lical. Or in the case of a Fl	registered office	
	Priebe, Authorized Person Tor typed name of signee	_		
I here compl and I Chapt addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. per and complete perform sition as registered agent a rely reflect a change in the has been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.	
By:	are of Registered Agent Corporation Service Company	Sylvia Queppet, Asst. VP		

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