Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Humber : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number: FCA000000023 Phone: (614)260-3338 Fax Number: (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **!: Email Address: LLC REGISTERED AGENT CHANGE RED HAWK SECURITY SYSTEMS, LLC Certificate of Status Certified Copy 02 Page Count \$55.00 Estimated Charge T. CLINE JAN 29 2019

REMINER

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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 605,0114 or 605,0116, 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.

RED HAWK SECURITY SYSTEMS, LLC.

1. Name of the limited liability company: RED HAWK SECURITY SYSTEMS, LLC.							
	(a)	no change (b)			no change		
	,	Principal office address of limited liabilit (Note: MUST BE STREET ADD)	y company: RESS)		Mailing address of limited l (Note: MAYBE POST)		
,		06/21/2017 Date of filing/registration in Flo		<u>M1700000</u>	5285 Document number		
3.		CORPORATE CREATIONS NETWORK		→ .	Document number		
5.	(a)	Registered Agent and Registered Office shown of 11380 PROSPERITY FARMS ROAD #22 Registered Office Address (MUST BE FLORE)		2019 JAN			
		PALM BEACH GARDENS, FL	FL ³	3410		128 AH	
		Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 1200 South Pine Island Road			9: 38		
		Plantation	, FL_	33324	_		
if the ag wa the	the le cha ent v is/we enti	imited liability company is not organized age or changes are made the Florida strvill be identical. Or, if the case of a Florica authorized by an affiliative vote of the cles of organization of the operating agr	Lunder the laws	of the State of F	ce and the business offi is hereby confirmed the ity company or as other impany.	irmed that after ice of the registered at the change(s) wise provided in	
!	Signa	ture of a member of authorized representative of a	member	<u> </u>	Printed or typed name of	signee	
pr the to no	here ovisi obl mere tifte	by accept the appointment as registered ions of all statutes relative to the proper igations of the position as registered ageing reflect a change in the registered office of this change. Fin writing of this change.	agent and agre and complete p ant as provided ce address, I ho	e to act in this ca erformance of m for in Chapter of treby confirm tha ed Younar	y autes, and 1 am jamu 95, F.S. Or, if this docu t the limited liability co	to comply with the iar with and accept iment is being filed impany has been	
Si	husqu	re of Registered Agent		nt Secret			

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

By