Florida Department of State

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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE ROLLINS ACCEPTANCE COMPANY, LLC

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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.

1. N	ame of the limited liability company: Rollins Ac	cceptance Co	ompany, l	LLC
2. (a)		(ъ)		-
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2170 Piedmont Road NE		2170 P	iedmont Road NE
	ATLANTA, GA 30324-4135			NTA, GA 30324-4135
	12/31/2009		MIO	000000023
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	THE PRENTICE-HALL CORPORATION	N SYSTEM	I INC	
(-)	Registered Agent and Registered Office shown on the records	s of the Florida D	Pept of State	:
,	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>		
	1201 HAYS STREET			202
		FL_32301-	<u>252</u> 5	2022 JUL
(b)				- <u> </u>
	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	<u>ess</u> :	≥
		:		A III
	NEW Registered Office Address:	· · ·	<u> </u>	36
	801 US Highway 1			
	North Palm Beach	FL <u>33408</u>		
agent was/we the artic	mited liability company is not organized under the lor changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members less of organization or the operating agreement of the properties of a member or authorized representative of a member by accept the appointment as registered agent and a station relation and appointment as registered agent and a	liability comps of the limited liability liability comps of the limited liability liab	office and pany, it is led liability some arol Petti	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. ne, Attorney-in-fact Printed or typed name of signee
the obli	ins of all statutes relative to the proper and completed again so my position as registered agent as providity reflect a change in the registered office address, in writing of this change. Carol Pettine, Special Secreta	te performand ded for in Cha I hereby confi	0 01 Mil di	ITIAC mad i mae taawilian wata mad caasat
Signatur	e of Registered Agent	цу		
1	Division of Corporations P.O	. Box 6327◆	Tallahass	ee, FL 32314