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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: HZI Security and Protection Suc, INC Name of Corporation |
| DOCUMENT NUMBER: <u>POZO000 46708</u> |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Oscar Oconor Name of Contact Person |
| Firm/Company |
| 27501 South Divic Husy suite 205 Address |
| Homesteod FL 33032 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Os Car Oconor at (786) 301-8240 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Mailing Address: Amendment Section Division of Corporations P:O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|
| statement of change is submitted for a corporation organized under the laws of the State of FLORIDA |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: HZI Security & Protection 500, IN |
| 2. The principal office address: 27501 sooth Dixie Hwy soite#205 |
| Homesterd FL 33032 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 04/29/2002 Document number: P0 20000 467 08 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Humberto L. IIIA |
| 27501 South Dixie Highway Swife 205 |
| Homestead FL 33032 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Oscar Oconor |
| 27501 South Dixie HWY Suite 205 |
| Homeorieal FL 33032 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Humber D L. Illa Pragidon Tumber D L. Illa Pragidon To Signature of an officer or director All Printed or typed name and little |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Date 01/05/2012 |
| If signing on behalf of an entity: |
| HSI SecuriTD & Mattetian Suc. / nc Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314