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<u>NEW FILINGS</u>	<u>AMENDMENTS</u> 8000074858483 -09/03/0201069016 -*****43.75 ******43.75
Profit	Amendment  Resignation of R.A., Officer/Director
Not for Profit Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Foreign
Annual Report Fictitious Name	Limited Partnership
	Reinstatement Trademark C. Coulliette SEP 0 4 2002
1/2 CALL 212-000	Other Other SEP 0 4 2002
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P/2 CAI/ 212-0226 when close. CR2E031(7/97) - Thys/	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the this statement of Florida	provisions of sections 607.0502, of change is submitted for a corporate in order to change its regist	tion organize	d under the laws of the S	State of
of Florida.	. ,			
1. The name of t	the corporation: Alliance fo	r Public	Safety, Inc.	
2. The principal	office address: 345 West Man	dison St	reet, Tallahass	ee, FL 32301
3. The mailing a	address (if different):	÷.		seat.
	poration/qualification:6/20/0			
	d street address of the current regist rtment of State:	ered agent ar	nd registered office on fil	e with the SECO
	John T. Wehrung			と
	200 West College	Ayenue,	Suite 308	SS J. F
	Tallahassee, FL	32301		
6. The name ar changed):	nd street address of the new regist	tered agent (	if changed) and /or regi	stered office if
	Corporate Servic	es,—Inc.	<u> </u>	> CO
	537 East Park Av			
•	(P.O. Box or personal t	nailbox NOT acce	ptable)	
	Tallahassee, FL			<del>-</del>
The street addragent, as chang	ess of its registered office and the ed will be identical.	street addres	s of the business office of	of its registered
Such change w authorized by t	ras authorized by resolution duly ache board, or the corporation has be	dopted by its en notified i Bob Ca	board of directors or by n writing of the change. rver, President	an officer so
(Signature of an office	er, chairman or vice chairman of the board)		(Printed or typed name and title)	
performance o	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with nt. Or, if this document is being fü I hereby confirm that the corpora	and accept	the obligation of my pos	registered
(beech	(pluso	09/0	03/02 (Date)	
<b>/</b> (i	Signature of Registered Agent)		(Duit)	
If signing on beha		-Vico	President	
	porate Services, Inc. (Typed or Printed Name)	vice	(Capacity)	

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