

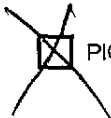
P03000008076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

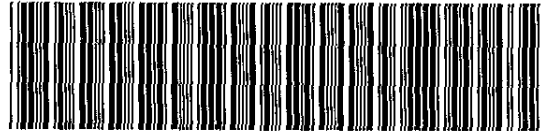
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Change

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05 JUL 21 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUL 21 AM 10:21

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BAR
7/21/05

STEEL HECTOR & DAVIS LLP
Requestor's Name

215 S. MONROE ST. SUITE 601
Address

TALLAHASSEE 32301 222.2300
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SMI SECURITY MANAGEMENT INC. P03000008076
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time WHEN READY

☐ Certified Copy

☐ Mail out

☐ Will wait

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☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☒	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

IF YOU HAVE ANY QUESTIONS PLEASE
CONTACT ELIZABETH GLEATON AT
222.2300.

THANK YOU.

Examiner's Initials

**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: SMI SECURITY MANAGEMENT INC.
2. The principal office address: 4471 NW 36th STREET, SUITE 202
MIAMI, FLORIDA 33166
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/22/03 Document number: P03000008076
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gonzalez, Jose M.

2624 N.W. 97th Avenue

Miami, Florida 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Peninsula Registered Agents, Inc.

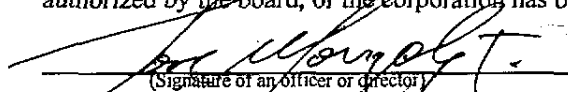
200 South Biscayne Boulevard, 43rd Floor

(P.O. Box NOT acceptable)

Miami, Florida 33131

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.


(Signature of an officer or director)

Jose M. Gonzalez, President
(Printed or typed name and title)

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.


(Signature of Registered Agent)

7/8/05
(Date)

If signing on behalf of an entity:

Peninsula Registered Agents, Inc.

(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

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