

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-1000 : (850)558-1515 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## REGISTERED AGENT CHANGE SECURITY FORCES, INC.

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Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the State of North	th Carolina	
1. The name of	the corporation: SECURITY FORCES, IN	ic.		
	office address:			
P.O. 36607, 0	Charlotte, NC 28236-6607			
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification; 12/31/1985	Document number: P08640		
	street address of the current registered a tment of State:	gent and registered office on file with the	he	
	C T Corporation System		>	
	1200 South Pine Island Road		2010 NOV SECRET	-
	Plantation, FL 33324		NOV 10	! 
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	mo x	7
	Corporation Service Company		M 9: 36 FSTATE FLORID,	
	1201 Hays Street		36 RE-	
	(P.O. Box NOT acceptable)		·	
	Tallahassee, FL 32301			
The street addre	ss of its registered office and the street be identical.	address of the business office of its re	gistered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been no	d by its board of directors or by an off tified in writing of the change.	icer so	
Blan	in the	Blanca Lozada, Attorney in Fact		
hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	(Printed of Typed name and title) ad agree to act in this capacity, utes relative to the proper and comple igation of my position as registered as e registered office address, I hereby c		
By:	Service Company	November 5, 2010		
	Hature of Registered Agent)	(Date)		
f signing on be	half of an entity:			
	vson, Asst. Vice President			
(T	yped or Printed Name)			
	* * * FILING FE	EE: \$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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