

P14 00003913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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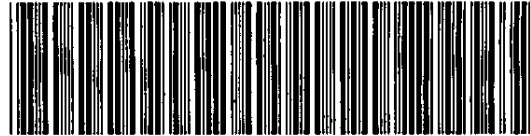
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Rolun  
4/12/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TECHNICAL SECURITY INNOVATIONS INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000031913

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:

JODY MOUA

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

paracorpsac@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODY MOUA

Name of Contact Person

at ( 800 ) 533-7272

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

**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: TECHNICAL SECURITY INNOVATIONS INC
2. The principal office address: 7633 WOODRIDGE DRIVE  
WOODRIDGE, IL 60517
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/08/2014 Document number: P14000031913

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)

PARACORP INCORPORATED

236 East 6th Avenue

TALLAHASSEE, FL 32303

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

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

\_\_\_\_\_  
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.*

L. Burleson  
Signature of Registered Agent

4/7/2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Leticia Burleson, Asst. Secretary, Paracorp Incorporated

\_\_\_\_\_  
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  
CR2E045 (03/12)