P95000048969

Division of Corporations

Florida Department of State
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Fax Number : (850)617-6380

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TALLAHASSEE, FLORIDA

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

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REGISTERED AGENT CHANGE
SECURE CARE OF AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

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ASR
6/13/14

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ~~SECURE CARE OF AMERICA, INC.~~
Name of Corporation

DOCUMENT NUMBER: P95000048969

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:

KATHLEEN STAWICK
Name of Contact Person

SECURE CARE OF AMERICA, INC.
Firm/Company

698 ARMOUR ROAD
Address

BOURBONNAIS, IL 60914
City/State and Zip Code

securecare@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLEEN STAWICK at (815) 935-7977
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

CR2E015 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SECURE CARE OF AMERICA, INC.

2. The principal office address: 698 ARMOUR ROAD, BOURBONNAIS, IL 60914

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 06/22/1995 Document number: P95000048969

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)

LOPEZ, AL JR.

4100 W. KENNEDY BLVD

TAMPA, FL 33609

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Kathleen Stawinski — Signature of an officer or director

Vice 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.

C T Corporation System

By: — Signature of Registered Agent

6/12/14 — Date

If signing on behalf of an entity:

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)