P97000039343

Perineter Detestion Mgt., Sec. 2205 E. Main St. Lesslug, Fle. 34748

City/State/Zip Phone #

400002205444--5 -06/09/97--01048--006 *****35.00 *****35.00

Office Use Only

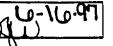
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| (Co | orporation Name) | (Document #) | |
|----------------------|------------------|---|-------------|
| 2(Cc | orporation Name) | (Document #) | _ |
| 3(Cc | orporation Name) | (Document #) | _ |
| 4 | orporation Name) | (Document #) | _ |
| ☐ Walk in ☐ Mail out | Pick up time | Certified Copy LAH SECRETARY Photocopy Certificate of States SECRETARY -97 UN -97 -97 -98 -98 -99 -99 -99 | <u> </u> |
| NEW FILINGS | AMEND | | |
| Profit | Amendment | Amendment Resignation of R A Officer/ Director | |
| NonProfit | Resignation | Resignation of R.A., Officer/ Director | |
| Limited Liability | Change of R | Change of Registered Agent | |
| Domestication | Dissolution/ | Dissolution/Withdrawal | |
| | 1 | Merger | |

Annual Report
Fictitious Name
Name Reservation

| 整 | REGISTRATION/ QUALIFICATION |
|---|--------------------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

Examiner's Initials



Florida Department of State, Sandra B. Mortham, Secretary of State

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

| Pursuant to the provisions of sections 607.0502, 617.050 undersigned corporation organized under the laws of the St | |
|---|---|
| submits the following statement in order to change its registate of Florida. | istered office or registered agent, or both, in the |
| 1. The name of the corporation is: PERIMETER | DETECTION MANAGEMENT, FIX. |
| 2. The mailing address of the corporation is: 22 C | · |
| 3. Date of incorporation/qualification: 4/30/91 4. The name and address of the current registered agent and | Document number: <u>\(\rho 970000392\(\psi 2\) \(2\) d office:</u> |
| HARRELL SMITH. | TALL 9, |
| 32/01 SIXTH. ST. | ARR S |
| TAUARES FLA. 32778 | SSE SSE |
| 5. The name and address of the new registered agent and o | |
| GARY DAUIDSON | mice: (P.O. Box Not Acceptable) |
| 1815 TOURNAMENT | · |
| ABOOKA, FLA. 32712 | |
| The street address of its registered office and the street addagent, as changed, will be identical. | ress of the business office of its registered |
| Such change was authorized by resolution duly adopted by authorized by the board. | its board of directors or by an officer so |
| La Vilante | 6/5/97 |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) |
| (Printed or typed name | e and title) |
| Having been named as registered agent and to accept serve I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligation of my positive. | rice of process for the above stated corporation, gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent. |
| Bes Clarken | 6/5/97 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | (Capacity) |
| CR2E045(1/95) | FILING FEE: \$35.00 |