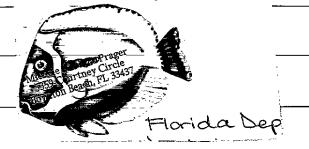
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Office Use Only

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

1. (Corporation Name) 2. (Corporation Name)	(Document #)
Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit 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	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

I, <u>michele K Prager</u> , hereby resign as <u>Vice Presider</u>	<u> </u>
of Protection 1 Security Systems Inc. (Name of Corporation)	_ •
a corporation organized under the laws of the State of Horida 25 3	7
and affirm that the corporation has been notified in writing of the resignation.	
(Signature of resigning officer/director)	-

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314