

P.97000084779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

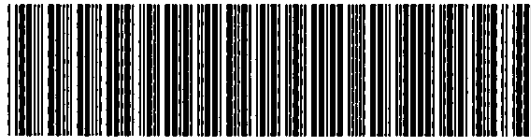
(Document Number)

Certified Copies _____

Certificates of Status _____

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APPROVED
AND
FILED
07 MAY - 7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang

C. Goulette MAY 11 2007



April 27, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Statement of Registered Agent Change # P97000084779

The enclosed documents are being submitted to you for processing; so that ALLSAFE Security Systems, Inc may change their registered agent for the State of Florida.

1. Completed Statement of Change or Registered Agent Form
2. Check #050133, made payable to "Department of State", in the amount of \$35.00

If you have any questions or need further information please contact me at the number below or you may contact Mark Mallah at extension 220.

Thank you,

A handwritten signature in black ink, appearing to read "J. Morse" or "Jennifer Morse".

Jennifer Morse
Licensing and Compliance

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLSAFE Security Systems, Inc
(Name of Corporation)

DOCUMENT NUMBER: P97000084779

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:

Jennifer Morse
(Name of Contact Person)

SAFE Security
(Firm/Company)

2440 Camino Ramon, Suite 200
(Address)

San Ramon, CA 94583
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Morse or Mark Mallah at (925) 830-4777
(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

**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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALLSAFE Security Systems, Inc
2. The principal office address: 2440 Camino Ramon, Suite 200
San Ramon, CA 94583
3. The mailing address (if different): PO Box 5084, San Ramon, CA 94583
4. Date of incorporation/qualification: _____ Document number: P97000084779
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Intrastate Registered Agent Corp.

701 Brickell Avenue, Suite 30000

Miami, FL 33131

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

Dawn Johnson

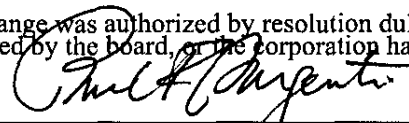
3419 Galt Ocean Drive, Suite A

(P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

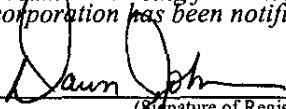
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul F. Sargenti

(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.


(Signature of Registered Agent)

4-10-07

(Date)

If signing on behalf of an entity:

Paul F. Sargenti

(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 (8/05)

07 MAY - 7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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