## P9900007876/

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:  Corcula Inal unwit  by they have can  In 11907		

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RD Change

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T. Reberts JUL = 9.2007

## **COVER LETTER**

Division of Corporations				
SUBJECT: Liberty Locksmiths & Security Pr	roducts, Inc.			
(Name of C	corporation)			
DOCUMENT NUMBER: P99000078761	<u>,</u>			
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
rieuse return an correspondence concerning uns matte	to the following.			
Barbara A. Kowal				
(Name of Co	ontact Person)			
Liberty Locksmiths & Security	Products, Inc.			
(Firm/Company)				
Post Office Box 607580				
	dress)			
Orlando, Florida 32860				
	nd Zip Code)			
For further information concerning this matter, please	call:			
Barbara A. Kowal	at (407) 620-4152 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
England in a \$25.00 about much march to 41 a Dance				
Enclosed is a \$35.00 check made payable to the Depar	riment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

		617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of Flori	•
	-	or registered agent, or both, in the State of Florid	
1. The name of	the corporation: Liberty Locksmith	hs Security Products, Inc.	
		ane, Suite 103-C, Altamonte Springs, FL 32714	,
3. The mailing a	address (if different): Post Office	Box 607580	
4. Date of incor	poration/qualification: 08/30/199	99 Document number: P990000787	61
	d street address of the current regis	stered agent and registered office on file with the	e
	Robert Thomas Kowal, Pre	esident	<b>=</b> . 0:
	325 Blacktail Court		TLEAN TO THE TENT OF THE TENT
	Apopka, Florida 32703		TASS
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	O7 JUL -5 PM 5: TALLAHASSEE, FLO
	Robert Thomas Kowal, P	resident	器二
	70 West 1st Street		<b>&gt;</b>
	(P.O. Box NOT a	acceptable)	
	Apopka, Florida 32703		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	gistered agent,
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officeen notified in writing of the change.	cer so
Signal	ure of an officer or director)	Robert Thomas Kowal, President (Printed or typed name and title)	
I hereby accept	the appointment as registered a	gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address, I hereby co change.	e performance ent. Or, if this onfirm that the
<b>&gt;</b>		June 23, 2007	
/ (Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)	~	
	* * * FILI	ING 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)