G08446

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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B. 1/14/07 NA/NO

DAVID R. SERNS

ATTORNEY AT LAW
SUITE 205
17101 N.E. 19™ AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

TELEPHONE (305) 947-3538

FAX NO. (305) 947-5285

November 7, 2007

Division of Corporations P.O. Box 6327 Tallahassee, fl 32314

Re: Kent Security Services, Inc. Change of Resident Agent

Dear Sir:

I represent Kent Security Services, Inc.

Enclosed please find Change of Resident Agent Form, together with my check for \$35.00, to cover the cost of filing.

If I can be of further assistance, please call me.

Very truly yours,

David R. Serns

DRS:sd

Enc.

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

Pursuant to the provi statement of change i in order to c	s submitted j	for a corporatio	n organized und		he State of <u>F</u>	<u>lorida</u>	
1. The name of the co	orporation:	KENT SEC	CURITY SE	RVICES, II	NC.		
2. The principal office address: 14600 Biscayne Boulevard, Miami, F						1 33181	
3. The mailing address	ss (if differen	nt):					
4. Date of incorporati	on/qualificat	ion: Nov. 1	12, 1982D	ocument numbe	r: <u>G-0844</u>	6	
The name and stree Florida Departmen		the current regi	stered agent and	l registered offic	e on file with	the	
G	officials	Alexand	der				
				Miami, Fl	33181		
							~ ėэ
6. The name and stree (if changed):	et address of	the new register	red agent (if cha	inged) and /or re	gistered office	2BOT NUV	ole1Afd
_ <u>Da</u>	vid R.	Serns, Es	sq			1	ً ما
17	101 NE	19th Aver	nue, Suit	e 205		•	星
No	rth Mia	(P.O. Box NOT) .mi Beach,	acceptable) , F1 3316	2		•	M 10: 37
The street address of as changed will be in	its registere lentical.	ed office and th	e street address	of the business	office of its		
Such change was aut authorized by the bo	horized by the c	resolution duly orporation has	adopted by its been notified ir	board of directon writing of the	ors or by an of change.	fficer so	
Jones .	n officer or direc	2	_GI	L NEUMAN,	Pres/CE	0	
I hereby accept the a I further agree to con of my duties, and I a document is being fil corporation has been	ppointment	as registered a	ali statutes reli	to act in this co	apacity. Der and comp	lete performance	•
ud	De s			10	15/07		
(Signature	of Registered A	gent)	-	1	Date)		
If signing on behalf o	of an entity:						
(Typed c	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)