(Re	equestor's Name)	· · ·
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PICK-UP	WAIT	MAIL
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. Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		
\ <u></u>	CA ENTERPRISES, LLC d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
CHRISTOPHER KENNEDY		
Name of Person		
SECURE AMERICA ENTERPRISES, LI Firm/Company	LC ·	
4839 SW 148TH AVE #706 Address	·	
DAVIE, FL 3330 City/State and Zip Code		
CK@SECUREAMERICA911.COM E-mail address: (to be used for future annual report notification)	on)	
For further information concerning this matter, ple	ease call:	
CHRISTOPHER KENNEDY at (800) 284-4566	
Name of Person .	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:SECURE	AMERICA ENTERPIRSES, LLC		
2. (a) Principal office address of limited liability company	4839 SW 148TH AVE #706		
(Note: MUST BE STREET ADDRESS)	DAVIE, FL 33330		
(b) Mailing address of limited liability company:	`4839 SW 148TH AVE #7		
(Note: MAY BE POST OFFICE BOX)	DAVIE, FL 33330		
MAY-26, 2009 6 30 03 3. Date of filing/registration in Florida	103000023771 3 3 3 4 4 Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State: 🎏		
Registered Agent:	RAUL PALOMINO		
Registered Office Address:	4839 SW 148TH AVE #706 FORT LAUDERDALE, FL 33330		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: CHRISTOPHER KENNEDY		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4839 SW 148TH AVE #706 DAVIE, FL 33330 ,FL		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited hability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.		
RAUL PALOMINO	_		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided in the provision of all statutes relative to the provision of all statutes relative to the provided in the limited liability company and I am familiar with and accept the obligations of my possible to the limited liability company address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent CHRISTOPHER KENNEDY			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			