L13000010023

Office Use Only



700250765587

08/23/13--01007--014 **25.00

13 AUG 23 PH 12: 11

AUG 2 6 2013 T. 1500 T. TON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASH FINE PROTECTION SYSTEMS, LLC Name of Limited 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 matter to the following:
NEAL H. TYLER Name of Person
Firm/Company
13144 La Sabina Dr. Address
Deltay Beach FL 33446 City/State and Zip Code
Meg/fy/cr@ a Maj/. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Neg 1 14. Ty 14t at (914) 420-3033 (cell) 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 amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

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

1. Name of the limited liability company: ASH FILE FILETECTION SYSTEMS, LLC 2. (a) Principal office address of limited liability company: 190 14ADDENSTONE CINCLE (Note: MUST BE STREET ADDRESS)	
2. (a) Principal office address of limited liability company: 190 1410 ENSTER CINCLE	
HEATHOW FL US 3+746	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 790 HADDENS TONE CHACLE HOT JOO HOTHWAY FL VS 32/79	<u> </u>
JANUARY 22, 2013 L/3000010023	
JANVANY 22, 2013 L/3000/0023 3. Date of filing/registration in Florida 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent: JENN/FER LEE SATIN	
Registered Office Address: 791 HADDENSTIME CINCLE APT 2-00 HEATHROW FL VS 32-746	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	
NEW Registered Office Address: 4/08 CLUBSIDE DAVE (MUST BE FLORIDA STREET ADDRESS)	
LONGWOOD FL 32	77
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vo the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.	te of
Signature of a member or authorized representative of a member	

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to increby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Printed or typed name of signee