

P090006 75677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

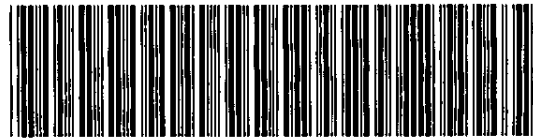
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL ALERT SECURITY AND PROTECTION SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P09000075677

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:

Aubin M JACK
Name of Contact Person

NATIONAL ALERT SECURITY AND PROTECTION SERVICES, INC
Firm/Company

1001 W CYPRESS CREEK Rd SUITE 314
Address

FT LAUDERDALE, FL 33309
City/State and Zip Code

JACK@NATIONALALERTSECURITY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aubin M Jack at (954) 772-2031
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL ALERT SECURITY AND PROTECTION SERVICES, INC

2. The principal office address: 1001 W CYPRESS CREEK Rd SUITE 314
FT LAUDERDALE, FL 33309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/1/2009 Document number: PO9000075677

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

AUBIN M JACK
10142 NW 30TH ST
SUNRISE, FL 33351

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

AUBIN JACK
1001 W CYPRESS CREEK Rd. SUITE 314
P.O. Box NOT acceptable
FT LAUDERDALE, FL 33309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Aubin M Jack
Signature of an officer or director

Aubin M Jack / PRESIDENT
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.

Aubin M Jack
Signature of Registered Agent

10/22/14
Date

If signing on behalf of an entity:

Aubin M Jack
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