

B1100000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

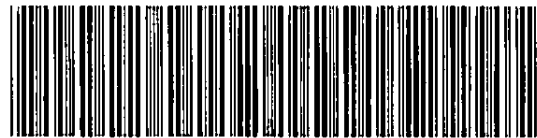
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: ALARMFORCE LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1100000037

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

A. Platon Alexandrakis
Contact Person
Alexandrakis Law
Firm/Company
3201 NW 24 Street/Road
Address
Miami, FL 33142
City, State and Zip Code
AlexandrakisLaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Platon Alexandrakis at (786) 853-4769
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent or both, in the state of Florida.

1. ALARMFORCE LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/17/2011 3. B1100000037
Date of filing registration in Florida Florida document number

4. The name of the registered agent and the registered address as shown on the records of the Florida Department of State:

Joseph C. Stitgen
Name
953 S.W. HUNT CLUB CIRCLE
Address
PALM CITY, FL 34990
City, State and Zip

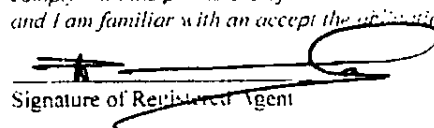
5. The name and Florida street address of the new registered agent and/or office:

A. Platon Alexandrakis
Name
3201 NW 24 Street/Road
Florida street address (P.O. Box not acceptable)
Miami FL 33142
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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