F00000004533

(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
DIVISION OF CORPORATIONS
06 NOV -7 AM 9:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Koorsen Protection Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: F00000004533

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:

Joe Bucsert
(Name of Contact Person)

Koorsen Fire & Security Inc
(Firm/Company)

2711 N Arlington Ave
(Address)

Indianapolis IN 46218
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Bucsert at (317) 916-1611
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2006

JOE BURGERT
2719 N. ARLINGTON AVE.
INDIANAPOLIS, IN 46218

SUBJECT: KOORSEN PROTECTION SERVICES, INC.
Ref. Number: F00000004533

file after name change!

We have received your document for KOORSEN PROTECTION SERVICES, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name you have listed on the form does not match the document number you provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 506A00063973

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 IN *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Koorsen Fire + Security, Inc

2. The principal office address: 2719 N Arlington Ave, Indianapolis IN 46218

3. The mailing address (if different): same

4. Date of incorporation/qualification: 8/7/2000 Document number: F00000004533

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mark Murray
1860 Iris Lane
Navarre Fl 32566

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

Joseph A Genovese
8725 Bay River Rd
(P.O. Box NOT acceptable)
Navarre Fl 32566

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.

Joseph A Burgert
(Signature of an officer or director)

JOE BURGERT
(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.

Joseph Genovese
(Signature of Registered Agent)

10/23/06
(Date)

If signing on behalf of an entity:

Joseph Genovese
(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

CR2E045 (8/05)