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ALL AHASSEE, FINALE

John Sulling Comments

COVER LETTER

TO: Amendmen Division of	t Section Corporations	
SUBJECT:	Dependable Locks (Name of Co	Jic.
DOCUMENT NUM	MBER: F060000	00(90
		e/Agent and fee are submitted for filing.
	respondence concerning this matter	,
-	David Peer (Name of Cor	ntact Person)
_	Dependable Locks (Firm/Co	Inc.
<u></u>	295 W. 231s+ Street (Addi	ress)
	Bronx , NY , 10463 (City/State an	d Zip Code)
For further informat	ion concerning this matter, please c	all:
David Pe (Nan	ne of Contact Person)	at (<u>516</u>) <u>403 - 600 9</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Departs	ment 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

statement of chan	rovisions of sections 60 ge is submitted for a co to change its registere	orporation org	anized und	er the laws	of the State	of New	York	-
	e corporation:		Ü			oj Fioriaa.		
	ffice address: 39					NY , 10	463	
3. The mailing add	dress (if different):	1202 N	W 126	Ave,	Sunris	e, FL	- 33	323
4. Date of incorpo	oration/qualification: _	1/9/20	ور که Do	cument nun	nber: <u>F</u>	16000	000/	90
	street address of the cu							
r remain 2 opuin	Mike Da	ukins						
_		7 Ave (=					
_	Tampa, F					ا آم17 ر	2 08 0	
6. The name and s (if changed):	treet address of the ne	w registered ag	gent (if char	nged) and /o	or registered	office SE	STERRIT SO	
							A io:	
_	lzoz NW	ING A	ve			E. FLORID	8 ::	
_	Sunrise							
The street address	s of its registered office identical.	ce and the stre	et address	of the busin	ess office	of its regist	ered age	ent,
	authorized by resolut board, or the corpora							
	What was a second				Owner			_
	of an office of director) The appointment as region of the proving the proving a familiar with an application of the proving filed merely to reflect the proving filed merely to reflect the proving	istered agent isions of all st d accept the o ct a change in g of this chang	and agree latutes rela bligation of the registe ge.		or typed name s capacity. proper and on as regist ddress, I he	-	erforma Or, if irm that	nce this the
)1A			6	/14/200 (Date)	6		
f signing on beha	Mure of Megistered Agent)	···			(Date)			_
(Тур	ed or Printed Name)							

* * * FILING FEE: \$35.00 * * *