F0600000 2045

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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June 27, 2019

KENNETH FULEP 90 OTIS ST WEST BABYLON, NY 11704

SUBJECT: A & F FIRE PROTECTION CO., INC

Ref. Number: F06000002045

We have received your document for A & F FIRE PROTECTION CO., 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please update line 5 to the current registered agent.

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) 245-6050.

Catherine M Wood Regulatory Specialist II ng of your document, please call PIR:
Letter Number: 919A00013091

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: A+FFive Protection Co. Inc. Name of Corporation			
DOCUMENT NUMBER: F060000001045			
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:			
Kenneth Fulep Name of Contact Person			
A+FFix-Protection Co. Inc.			
90 Olis Street			
West Probyton, My 11704 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Donna Perper (donna paf-fire. 6 m) 516, 541 4600 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building			

Tallahassee, FL 32314

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 N.Y in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: At F Five Protection Co Inc-
2. The principal office address: 90 Otis Street, West Buly lon, NY 1170+
3. The mailing address (if different): 90 Olis Street, West Babylon My 117
4. Date of incorporation/qualification: 31301206 Document number: F06000003045
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)
Florida Department of State: (If resigned, enter resigned) Kenneth Fulep 19498 Black Place Place 19698 Black Place 19798 Bl
19498 Black Olive Lane E 20 1
Proca Raton, Hovida 33498
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
Kenneth Fulep
5574 Witney Drive # 104
Del Ray Beach, Florida 33484
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 band, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director
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 dudies, and I am familiar with and accept the obligation of my position as registered agent. Or if this declarent 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.
Supragre of Registered Agent Date Date
If signing on behalf of an entity:
Typed or Printed Name

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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