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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: A+FFive Protection Co. Inc. Name of Corporation
DOCUMENT NUMBER: FOLOOOOOOOO
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:
Name of Contact Person  Att Five Protection Co. Inc.  Firm/Company  90 0+is Street  Address  West Bubylon, New York 11704  City/State and Zip Code  Kencat-five. Lom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Fole part at (514) 5414600 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
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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 New York in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A+FFix Protection Co. Inc.
2. The principal office address: 90 D415 S4 reet
West Bubylon hew York 11704
3. The mailing address (if different):
4. Date of incorporation/qualification: 2007 Document number: F0600002045
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)
Kenneth Fulep
5-6-7-1 11)
5574 Witney Drive #104
Del Ray Beach, Florida 33484 25 2
5. The name and street address of the new registered agent (if changed) and /or registered of its control of the control of th
Kenneth Folep
17541 Kanstiean Koad PB =
Poca Katon, Florida 33496
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the bijarri, or the corporation has been notified in writing of the change.
Hall Sonally Eilen Direction dist
Signature of an officer or director 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.
7 24 2630
Signature of Registered Agent 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

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