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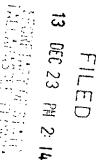
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Wen Your

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Drew Brookman Protection Services Inc.

Name of Corporation

DOCUMENT NUMBER, F12000003549

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:

Andrew Brookmam

Name of Contact Person

Drew Brookman Protection Services Inc.

Firm/Company

75 W22nd ST

Address

Huntington Station, NY 11746

City/State and Zip Code

mrdrew3270@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Brookman

,,646 \496-721_'

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of New York rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Drew Brookman Protection Services Inc. office address: 75 W22nd ST Huntington Station, NY 11746
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/27/2012 Document number: F12000003549
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Jose Morales RESIGNED
	2055 Bering Lane RESIGNED
	Kissimmee, FL 34744 RESIGNED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Justin Rosenblum
	9830 SW77 Ave Suite 155
	P.O. Box NOT acceptable Miami, FL 33156
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Mark Signatur	Andrew Brookman / President Printed or typed name and title
I hereby accept I further agree t performance of agent. Or if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete The complete of the provision of all statutes relative to the proper and complete The complete of the complete of the complete of the registered office address, I That the compration has been notified in writing of this change.
Sign	yture Registered Agent Date
If signing on be	half of an entity:
	rped or Printed Name

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