

# F15000000635

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 16 AM 7:42

FEB 18 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** International Protective Service, Inc. (IPS)  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

**Aaron T. Jones**

\_\_\_\_\_  
Name of Contact Person

**International Protective Service, Inc. (IPS)**

\_\_\_\_\_  
Firm/Company

**PO Box 27527**

\_\_\_\_\_  
Address

**Albuquerque, NM 87125**

\_\_\_\_\_  
City/State and Zip Code

**ahall@ipsglobal.com**

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

For further information concerning this matter, please call:

**Amanda**

\_\_\_\_\_  
Name of Contact Person

at ( **505** ) **897-2420**

\_\_\_\_\_  
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**

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

1. The name of the corporation: International Protective Service, Inc.(IPS)

2. The principal office address: 4901 McLeod NE Albuquerque, NM 87109

3. The mailing address (if different): PO Box 27527 Albuquerque, NM 87125

4. Date of incorporation/qualification: 06/07/2006 Document number: F15 000000635

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)

Nick Spraldin

North W. 2202 N. West Shore Blvd. #200,

Tampa, FL 33607

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

Northwest Registered Agent LLC

3030 N. Rocky Point Dr, Ste 150 A

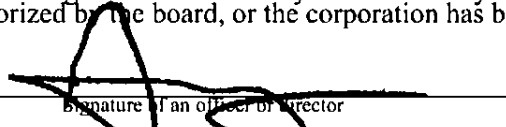
P.O. Box NOT acceptable

Tampa, FL 33607

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA


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.

  
Signature of an officer or director

President and CEO  
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.*

  
Signature of Registered Agent

1/21/16  
Date

If signing on behalf of an entity:

Tom Glover-- Assistant Secretary  
Typed or Printed Name

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