## F9400000377

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TALLAHASSEE, FLORID

## COVER LETTER

TO: Amendment Sec Division of Corp	tion orations		
SUBJECT: Florida IPS	, Inc. (Name of co	orporation)	
DOCUMENT NUMBE	R: F94000000377		
The enclosed Statement	of Change of Registered Office	e/Agent and fee are	submitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:	submitted for filing.
Tom	Driscoll		
	(Name of cor	itact person)	ACTIVE OF
Internation	onal Protective Services, Inc.		* 40°C
18 Ch	(Firm/Co erry Hill Orive	ompany)	The state of the s
	(Add	ress)	
Dar	overs, MA 01923		
	(City/state a	nd zip code)	
For further information	concerning this matter, please	call:	
Tom Driscoll	f contact person)	at (978	750-4600, extension 11 & daytime telephone number)
•	eck made payable to the Depar	•	actions with the second
	Mailing Address:	Street A	ddress:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



September 29, 2004

TOM DRISCOLL INTERNATIONAL PROTECTIVE SERVICES, INC. 18 CHERRY HILL DRIVE DANVERS, MA 01923

SUBJECT: FLORIDA IPS, INC. Ref. Number: F94000000377

We have received your document for FLORIDA IPS, 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):

Presently it is unclear as to whether or not you are changing the registered agent. The acceptance signature must match the information provided in part 6 of the form.

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) 245-6964.

Letter Number: 204A00057013

Irene Albritton Document Specialist

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

Pursyant 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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Florida IPS, Inc.
2. The principal office address: 18 Cherry Hill Dr., Danvers, MA 01923
3. The mailing address (if different): same
4. Date of incorporation/qualification: 01/25/94 Document number: F9400000377
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Adler, Russell
Rt. 16, Box 535
Lake City, FL 32055
Adler, Russell  Rt. 16, Box 535  Lake City, FL 32055  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **RUSSE!!** Adler**  264 N.E. Gilbert Court*
(P.O. Box NOT acceptable)
Lake City, FL 32055
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.
Joseph S. Snyder, President  (Stypishyle 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.  (Signature of Registered Agent)
If signing on behalf of an entity:

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