

H10845



CERTIFIED SECURITY SERVICES, INC.

550 N.W. 42nd Avenue #207
Miami, Florida 33126

Office Use Only

COI

NT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002518936--0
-05/11/98-01105-008
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 JUN - 1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

[Handwritten signature]

Applicant Assessment Services
Security Consulting
Investigations



Physical Security
Substance Abuse Testing
Armed Guards

CERTIFIED SECURITY SERVICES, INC.

May 22, 1998

Florida Department of State
Division of Corporations
Attn: Teresa Brown Corporate Specialist
P.O. Box 6327
Tallahassee, Florida 32314

Re: Certified Security Services, Inc.
Ref. Number H10845

Dear Ms. Teresa Brown:

Enclosed please find the corrected copy of Statement of change of registered office, per your request. If you have any questions or concerns please contact this office at (305)446-3433.
Thank you.

Sincerely,

Kim Rodriguez

MIAMI

550 N.W. Le Jeune Road, #207
Miami, Florida 33126
Phone: (305) 446-3433
Fax: (305) 446-5713

FORT LAUDERDALE

2702 West Oakland Park Blvd., Suite A
Ft. Lauderdale, Florida 33311
Phone: (954) 484-0908
Fax: (954) 484-5833

TAMPA

4707 W. Gandy Blvd., Suite 4
Tampa, Florida 33611
Phone: (813) 837-4257
Fax: (813) 839-7748

ORLANDO

6239 Edgewater Drive, Suite D-9
Orlando, Florida 32810
Phone: (407) 523-9442
Fax: (407) 523-9318

WEST PALM BEACH

1201 Belvedere Road
West Palm Beach, Florida 33405
Phone: (561) 655-7640



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 18, 1998

CERTIFIED SECURITY SERVICES, INC.
550 N.W. 42ND AVENUE
SUITE 207
MIAMI, FL 33126

SUBJECT: CERTIFIED SECURITY SERVICES, INC.
Ref. Number: H10845

We have received your document for CERTIFIED SECURITY SERVICES, 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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 398A00027653

Applicant Assessment Services
Security Consulting
Investigations



Physical Security
Substance Abuse Testing
Armed Guards

CERTIFIED SECURITY SERVICES, INC.

May 27, 1998

Florida Department of State
Division of Corporations
Attn: Teresa Brown Corporate Specialist
P.O. Box 6327
Tallahassee, Florida 32314

Re: Certified Security Services, Inc.
Ref: Number H10845

Dear Ms. Teresa Brown:

Per our telephone conversation of today, enclosed please find the original Statement of change, with the corrections you had mentioned in our conversation.

If you have any questions or concerns please contact this office at (305) 446-3433.
Thank you.

Sincerely,

Kim Rodriguez

MIAMI

550 N.W. Le Jeune Road, #207
Miami, Florida 33126
Phone: (305) 446-3433
Fax: (305) 446-5713

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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Certified Security Services, Inc.

2. The mailing address of the corporation is: 550 N.W. 42nd Avenue Suite 207
Miami, Florida 33126

3. Date of incorporation/qualification: 1984 Document number: H10845

4. The name and address of the current registered agent and office: H10845

Kent C. Journey Sr.

11390 S.W. 94th Avenue

Miami, Florida 33176 U.S.

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Kent C. Journey Sr.

550 N.W. 42nd Avenue Suite 207

Miami, Florida 33126

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.

Martha Caraballo Journey
(Signature of an officer, chairman or vice chairman of the board)

04-21-98
(Date)

Martha Caraballo Journey

President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

4-21-98
(Date)

If signing on behalf of an entity:

Kent C. Journey Sr.
(Typed or Printed Name)

Registered agent
(Capacity)