L0/000009253

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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06 OCT 10 PM 2: 25 SECRETART OF STATE TALLAHASSEE, FLORID

ÇOVER LETTER

Division of Corporations	•	
SUBJECT: SeaSecure LLC	nited Liability Company)	
(Name of En	med Blaomty Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Mr. Gonzalo Marquez		
(Name of Person)	<u> </u>	
Mobius Security Group LLC		
(Firm/Company)		
3471 N. Federal Highway, Suite 500		
(Address)		
Ft. Lauderdale, FL 33306	<u> </u>	
(City/State and Zip Code)		
For further information concerning this matter	, please call:	
	at (954) 653-4700	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
•	/	
Enclosed is a check for the following	amount:/	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 lite	mitad liability aammaay is	SeaSeoure II C		
	mited liability company is:	•	. .	
2. The mailing address	ss of the limited liability con	npany is : <u>3471 N. Federal Hig</u> h	way, Suite 500	
Ft. Lauderdale, FL 333	06			
06/11/01		L01000009253		
3. Date of filing/regis	tration in Florida	4. Document num	ber	
5. The name of the reg Florida Department		ered office address as shown o	n the records of the	
•	Mr. Kim E. Petersen		-	
•		Name	TS 9	
3471 N. Federal Highway, Suite 500			96 OCT SECRE	
			発り下	
	Ft. Lauderdale, FL 333	306	FILED TIO PH HARY OF	
City, State and Zip				
6. The name and addr	ess of the new registered age	ent and/or office:	M 2:	
	Mr. Gonzalo Marquez		: 25 ATE ORID	
	N	ame	DA	
• •	3471 N. Federal Highw	ay, Suite 500		
	Florida street address	(P.O. Box NOT acceptable)		
	Ft. Lauderdale,	FL 33306		
	City, Sta	nte and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agree (Signature of a member or an Gonzalo Marquez (Printed or typed name of signature	ne change or changes are made of the registered agent will be hereby confirmed that the c	200(_	of the registered office of a Florida limited I by an affirmative vote articles of organization	
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con	opointment as registered ago sions of all statutes relative a and accept the obligations of this document is being fill that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

pivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00