

L020000019363

ASSET SECURITY CONSULTANTS, LLC.
318 INDIAN TRACE, • 200
WESTON, FL 33326

City/State/Zip

Phone #

(2)

R/A change 10/14

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. L02-19363
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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4. _____
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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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**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 limited liability company is: ASSET SECURITY CONSULTANTS, LLC
2. The mailing address of the limited liability company is: 318 INDIAN TRACE ST 200
WESTON, FL 33326

- 07/31/2002 3. Date of filing/registration in Florida
- L02000019363 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GARY LUCCHESI
Name
1560 ORION CA.
Address
WESTON, FL 33327
City, State and Zip

6. The name and address of the new registered agent and/or office:

GARY LUCCHESI
Name
1225 N. UNIVERSITY DR
Florida street address (P.O. Box NOT acceptable)
CORAL SPRINGS FL 33071
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

GARY LUCCHESI
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314