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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Maritime ISAC LLC (Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mr. Connella Mannuari		
Mr. Gonzalo Marquez (Name of Person)		
(Figure 6. F 61661)		
Mobius Security Group LLC	,	
(Firm/Company)	 	
3471 N. Federal Highway, Suite 500		
(Address)		
Ft. Lauderdale, FL 33306		
(City/State and Zip Code)		
For further information concerning this matter, pl	lease call:	
Harrison Wheeler at (954 653-4700	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following an	nount:	
\$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 limited liability company is	: Maritime ISAC LLC		
2. The mailing address of the limited liability c	ompany is : 3471 N. Federal Highway, Suite 500		
Ft. Lauderdale, FL 33306			
07/21/03	L03000026688	L03000026688	
3. Date of filing/registration in Florida	4. Document number		
Florida Department of State:	stered office address as shown on the records of the	ne	
Mr. John D. Banne			
0474 N. F. J. J. W.	Name		
3471 N. Federal Hig			
Et Loudondolo Et 1	Address	DIV.	
Ft. Lauderdale, FL 3	33306 , State and Zip	SEC	
6. The name and address of the new registered agent and/or office:		RETARY ON OF C	
Mr. Gonzalo Marque	ez g	유유민	
	Name .	ST ST ST	
3471 N. Federal High	way, caite 500	ATE	
Florida street addres	ss (P.O. Box NOT acceptable)	Y OF STATE CORPORATIONS	
Ft. Lauderdale	FL 33306		
City,	State and Zip		
confirmed that after the change or changes are and the business office of the registered agent which liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	l under the laws of the State of Florida, it is hereby made, the Florida street address of the registered of vill be identical. Or, in the case of a Florida limite he change(s) was/were authorized by an affirmative by or as otherwise provided in the articles of organisty ty company.	ffice d e vote	
(Signature of a member or authorized representative of a mem	per)		
Gonzalo Marques 26 90	ĺ.		
(Printed or typed name of signee)	<u> </u>		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, If this document is being address, I hereby confirm that the limited liabil (Signature of Registred Agent)	agent and agree to act in this capacity. I further a ve to the proper and complete performance of my on the second second second second as provided for the filed to merely reflect a change in the registered of the company has been notified in writing of this change.	gree to duties, for in office ange.	
Division of Corporations, P	P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00