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TO: Registration Section

Division of Corporations

SUBJECT: NATIONAL SECURITY SOURCE, LLC (Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submit

Please return all correspondence concerning this matter to the following:

GLEN GUASTINI
(Name of Person)
NATIONAL SECURITY SOURCE, LLC
(Firm/Company)
4362 NORTHLAKE BLVD., SUITE 212
(Address)
PALM BEACH GARDENS, FL 33410
(City/State and Zip Code)
For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

(Name of Person)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

✓\$25 Filing Fee

KATHEEN THOMPSON

☐ \$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: NATIONAL SECURITY SOURCE, LLC
2. The mailing address of the limited liability company is : 4362 NORTHLAKE BLVD., SUITE 212
PALM BEACH GARDENS, FL 33410
FEBRUARY 10, 2004 L04000011166
3. Date of filing/registration in Florida 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:
CORPORATE CREATIONS NETWORK, INC.
Name
11380 PROSPERITY FARMS ROAD, #221E
Address
PALM BEACH GARDENS, FL 33410 City, State and Zip
6. The name and address of the new registered agent and/or office:
GLEN GUASTINI Name
Name 4362 NORTHLAKE BLVD., SUITE 212
Florida street address (P.O. Box NOT acceptable)
PALM BEACH GARDENS, FL 33410
City, State and Zip
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 of a member or authorized representative of a member)
GLEN GUASTINI
(Printed or typed name of signee)
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 auties, 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.

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

(Signature of Registered Agent)