Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000329924 3)))



H190003299243ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE TUTELA MONITORING SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 1 2 2018

## **COVER LETTER**

→ 18506176383

TO:

Registration Section Division of Corporations

SUBJECT: Tutela Monitoring Systems, LLC

Name of Limited 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:

Margot Mullin		
Name of Person	<del></del>	
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	, please call:	
Margot Mullin	888 705-7274	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

15129570210

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 Nama	of the limited liability company:	utela Monito	oring Syste	ems, L	.LC		
	or the finited hability company:			<u></u>			
_	Principal office address of limited liability (Note: MUST BE STREET ADDITED  185 Mariner Blvd  Spring Hill, FL 34609	RESS)	Mailing ac	nay be pos ner Bly			
8	3/16/2005		L05000080937				
3.	Date of filing/registration in Flo	orida 4.	Docum	ent number	·		
5. (a) C	CORPORATION SEF	RVICE COM	1PANY				
1	rgistered Agent and Registered Office shown of 1201 HAYS STREET egistered Office Address (MUST BE FLOR						
1	TALLAHASSEE	, <sub>FL</sub> 323	01				
(b) F	Registered Agent So	lutions, Inc.		2000	,,		
	nter name of NEW Registered Agent and/or N	EW Registered Office ad	ldress:	Your Your			
_1	155 Office Plaza Dr.			,	• ; ;		
	<u>Ew</u> Registered Office Address: Suite A				a language		
٦	Γallahassee	323	01				
the change agent will was/were	ited liability company is not organized e or changes are made, the Florida stre be identical. Or, in the case of a Flor authorized by an affirmative vote of the es of organization or the operating agree	eet address of the regi rida limited liability of he members of the lin	istered office and the ompany, it is hereby nited liability compa	e business c / confirmed	office of the registered that the change(s)		
	ude Cabeza		aude Cabeza	M	lember		
· ·	of a member or authorized representative of a			or typed name	_		
provisions the obliga to merely	accept the appointment as registered a s of all statules relative to the proper of ations of my position as registered age reflect a change in the registered offi- in writing of this change.	agent and agree to ac and complete perform int as provided for in ce address, I hereby c	t in this capacity. I nance of my duties, i Chapter 605, F.S. ( confirm that the limi	further agr ind I am fai Or, if this de ted liability	ee to comply with the niliar with and accept scument is being filed company has been		

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent