## L06000094239

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: VeriSecure LLC (Name of	of Limited Liability Company)			
·	,			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerni	ng this matter to the following:			
Harrison Wheeler				
(Name of Person)	ZOOU ZEE			
	FILED 1006 NOV -2 P 1 SECRETARY OF S ALLAHASSEE, FL			
Mobius Security Group				
(Firm/Company)				
3471 N. Federal Highway, Suite 500	NOV -2 P 4: 20 AHASSEE, FLORIDA			
(Address)	ATE 20			
	<b>A</b>			
Ft. Lauderdale, FL 33306				
(City/State and Zip Code)				
For further information concerning this m	atter, please call:			
Harrison Wheeler	at (954) 563-4700			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: 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 follow	ving 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 limit	ed liability company	is: VeriSecure	LLC		<u>.</u>	<u></u>	
2. The mailing address of	of the limited liability	company is:	7 Sandpiper I	Dr <u>i</u> ve, Villa	ige of G	30lf, FL 33436	<u>- 225</u>
September 25, 2006			L06000094;	239	0.8 1		<u></u>
<ol><li>Date of filing/registra</li></ol>	tion in Florida		4. Docume	nt numbe	er		
5. The name of the regist Florida Department of		egistered office	address as sl	nown on	the rec	ords of the	
	Gonzalo Marque	<u>z</u>	- -				
	_	Name					
	901 Brickell Key B		<u> </u>				
	Min! El 00404	Address					
	Miami, FL 33131	ty, State and Z	in			*-	
6. The name and address		•	•	SEC! TALL!	2006 NOV -2		
	Harrison Wheeler			£ E	Ş.	* #	
		Name		SS	1		
	7 Sandpiper Drive		<u> </u>	F0		m	
	Florida street add	`	•	able D S	T) F:	TED	
	Village of Golf	FL 3343			20		
	City	y, State and Zip	)	عند			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lite or the operating agreement.	change or changes are fithe registered agent creby confirmed that mited liability compant of the limited liab	e made, the Flot will be idention the change(s) any or as other ility company.	orida street accal. Or, in the was/were aut wise provided	ldress of e case of horized b	the reg a Flori y an af	istered office da limited ffirmative vote	e n
(Signature of a member or autho	rized representative of a me	ember)				•	
Harrison Wheeler							_
(Printed or typed name of signed	)						
I hercby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registere ns of all statutes rela nd accept the obligat this document is bein that the limited liat	d agent and ag tive to the pro- tions of my pos- ng filed to mer vility company	ree to act in per and comp ition as regis ely reflect a c has been not	this capa lete perfo tered age hange in ified in w	city. I ormano nt as p the reg riting o	further agree ce of my dutie, rovided for in gistered office of this change	to s,
(Signature of Registered Agent)							

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