

L08000087032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

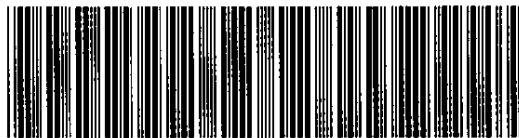
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000183434340

07/22/10--01043--003 **25.00

FILED
10 JUL 22 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAINT PROTECTIVE SERVICES, 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:

JOHN ALLAN CAREY
Name of Person

SAINT PROTECTIVE SERVICES, LLC
Firm/Company

4503 SAN LUIS TERRACE
Address

NORTH PORT, FL 34286
City/State and Zip Code

SAINT PROTECTION901@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ALLAN CAREY at (941) 223-6232
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 following 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. Name of the limited liability company: SAINT PROTECTIVE SERVICES, LLC

2. (a) Principal office address of limited liability company: 4503 SAN LUIS TERRACE

(Note: MUST BE STREET ADDRESS) NORTH PORT FL 34286

(b) Mailing address of limited liability company: 4503 SAN LUIS TERRACE

(Note: MAY BE POST-OFFICE BOX) NORTH PORT FL 34286

01/31/09
3. Date of filing/registration in Florida

LD9000087032
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: DOVNA M CAREY

Registered Office Address: 4657 SABRINA TERRACE
NORTH PORT FL 34286

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CHARLES C DUNHAM

NEW Registered Office Address: 4503 SAN LUIS TERRACE
(MUST BE FLORIDA STREET ADDRESS) NORTH PORT ,FL 34286

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.

John Allan Carey
Signature of a member or authorized representative of a member

JOHN ALLAN CAREY
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 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.

Charles C Dunham
Signature of Registered Agent

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