L10000011702

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COVER LETTER

TO: Registration Section Division of Corporations	
Safe Connect Plus+, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Margo Taylor	
Name of Person	
Safe Connect Plus LLC	
Firm/Company	
1203 N U.S. HWY I	
Address	
Ormond Beach, FL 32174	
City/State and Zip Code	
accounting@safeconnectplus.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Margo Taylor at (386 341-5331
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. Na	ame of the limited liability company:	s+, LLC				
2. (a)	1203 N U.S. Hwy I	(1	b)	203 N Ų.S	S. Hwy I	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	- , _	N	Mailing address of limited (Note: MAY BE POST	
	Ormond Beach		C	rmond Be	each	
	Florida 32174		F	lorida 321	174	
	02/01/2010		Li	00000117	702	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Margo Weingarten					
). (a)	Registered Agent and Registered Office shown on the records of	the Florida	la De	pt. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES:	<u>(S)</u>		•	
	Ormond Beach , FL	32174			· . <u>:</u>	24
(b)	Margo Taylor				: :: ;	21, SEP 2
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			·	11.1 D 20 M (
	NEW Registered Office Address:				FOX. 1	
	1203 N U.S. Hwy I				- -	5- v
	Ormond Beach , FL	32174	·		_	
change agent w was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited l	ed omp omp nited liab	office and any, it is d liability	I the business office hereby confirmed the company or as other	of the registered hat the change(s) erwise provided in
I herei provisi the obl to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act perform d for in (nereby co	t in sanc Cha confi	this capa e of mv d pter 605, rm that ti	ncity I further garee	to comply with the
Signatu	re of Registered Agent					

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Safe Connect Plus+, LLC		
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to th	ne following:
Margo	Taylor		
	Name of Person		
Safe C	onnect Plus LLC		
	Firm/Company	- -	
1203 N	U.S. HWY I		
	Address		·
Ormon	d Beach, FL 32174		
	City/State and Zip Co	de	
accoun	ting@safeconnectplus.com		
F	-mail address: (to be used for future	annual report no	tification)
For fu	ther information concerning this ma	itter, please call:	
Margo	Taylor	386 at (341-5331
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS1	3 (2/14)		

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.	Na	me of the limited liability company: Safe Connect Plus	+, LL	.C			
2.	(a)	1203 N U.S. Hwy 1		(b)	1203 N U.S. Hwy 1		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Ormond Beach	_		Ormond Beach		
		Florida 32174	_		Florida 32174		
		02/01/2010			L10000011702		
3.		Date of filing/registration in Florida	4.	-	Document number		
5.	(a)	Margo Weingarten					
		Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ADDRESS			<u>-</u>		
		1203 N U.S. Hwy 1					
		Ormond Beach	, 32174				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
		1203 N U.S. Hwy 1					
		Ormond Beach , FL	3217	4			
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regis bility f the	tere cor limi	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
	[1]	ure of a member or authorized representative of a member	Ŋ	Marg	o Taylor		
5	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee		
pro the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to perfoi l for i ereby	act i rma: in Ci y coi	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been		
Si	gnatu	re of Registered Agent					