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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.
Account Number : I20000000051
Phone : (305) 530-9400
Fax Number : (305) 530-9409

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

Email Address: NOTICE@NLILAWFIRM.COM

LLC REGISTERED AGENT CHANGE
ISLAND FIRE PROTECTION SYSTEMS, LLC

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TALLAHASSEE, FLORIDA

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Y SULKER

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. Name of the limited liability company: Island Fire Protection Systems, LLC
2. (a) 328 Crandon Blvd., Suite 227 (b) PO BOX 490853
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Key Biscayne FL, 33149 Key Biscayne FL, 33149

3. 01/04/2011 4. L11000001130
 Date of filing/registration in Florida Document number

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

806 S DOUGLAS ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 625

CORAL GABLES, FL 33134

- (b) Lamont Neiman & Interian, P.A.

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

NEW WORLD TOWER

NEW Registered Office Address:

100 N. BISCAYNE BLVD., SUITE 801

MIAMI, FL 33132

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]
 Signature of a member or authorized representative of a member

Juan C. Reyes, Manager

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 605, 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.

[Signature]
 Signature of Registered Agent

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

850-617-6381

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December 23, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ISLAND FIRE PROTECTION SYSTEMS, LLC

PO BOX 490853

KEY BISCAIYNE, FL 33149

SUBJECT: ISLAND FIRE PROTECTION SYSTEMS, LLC

REF: L11000001130

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE DISREGARD THE FIRST LETTER

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000311608
Letter Number: 016A00027312