11000031176

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
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2012 JAN 30 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA



J. BRYAN

JAN 31 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cipher Seweith Name of Limited	d 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 m	natter to the following:
Felipe 5. Bouras	
Name of Person	
Ophee Security UCC Firm/Company	
Firm/Company	SECR. ALLA
1450 Baickell Ave Suite 14	LAHASSEE.F
Address	Fig. 2
Higmi FC 33131 City/State and Zip Code	PILLAHASSEE, FLORIDA
	7
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, plea	ase call:
Tal	
Name of Person at (3	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2011

FELIPE SCAMPINI BOUCAS CIPHER SECURITY LLC 1450 BRICKELL AVENUE SUITE 1430 MIAMI, FL 33131

SUBJECT: CIPHER SECURITY LLC

Ref. Number: L11000031176



We have received your document for CIPHER SECURITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 211A00023400

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: The	Decuety LLC	
2. (a) Principal office address of limited liability company	v: 1450 Beidell Ave.	
(Note: MUST BE STREET ADDRESS)	Suite 1430	
	<u> </u>	
(b) Mailing address of limited liability company:	1450 BRICKELL AVE	
(Note: MAY BE POST OFFICE BOX)	Suite 1430	
	HIGHI FL 33131	
3/14/2011	L11000031176.	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Felipe S. Bouras	
Registered Office Address:	2699 504h Bayshore Deve	
	300 Floor 1	
	Miami Fe 33133	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Felipe S. Baras	
NEW Registered Office Address:	1450 Baillell Ave	
(MUST BE FLORIDA STREET ADDRESS)	501te 1430 MIOMI FL 33131	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	was/were authorized by an affirmative vote wise provided in the articles of organization	
Signal Annual An	ECHELLES OF THE STATE OF THE ST	
Signature of a member or authorized representative of a member	m e gg	
Feigne S. Blaucas		
Printed or typed name of signee	ES C	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further egree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	

Signature of Registered Agent