

L12000030016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

GORAN ELOVSSON
2787 E OAKLAND PARK BLVD #309
FT LAUDERDALE, FL 33306

SUBJECT: AMERICAN SOURCING PARTNERS, LLC
Ref. Number: L12000030016

We have received your document for AMERICAN SOURCING PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00025403

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN SOURCING PARTNERS, LLC
Name of Corporation

DOCUMENT NUMBER: L12000030016

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GORAN ELOVSSON
Name of Contact Person

AMERICAN SOURCING PARTNERS, LLC
Firm/Company

2787 E. OAKLAND PARK BLVD, #307
Address

FORT LAUDERDALE, FL 33306
City/State and Zip Code

goran@a-s-ps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GORAN ELOVSSON at (401) 644-2485
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: American Security Partners, LLC
2. (a) Principal office address of limited liability company: 2787 E. Oakland Park Blvd, Suite 309 Fort Lauderdale, FL 33306
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: March 7, 2012
4. Document number: L12000030016
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: The Company Corporation
Registered Office Address: 2711 Centerville Rd Wilmington, DE 19868
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Goran Elovsson
NEW Registered Office Address: 2787 E. Oakland Park Blvd #309 Fort Lauderdale, FL 33306
(**MUST BE FLORIDA STREET ADDRESS**)

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 of a member or authorized representative of a member

Goran Elovsson

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.

Signature of Registered Agent

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