

L12000088989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

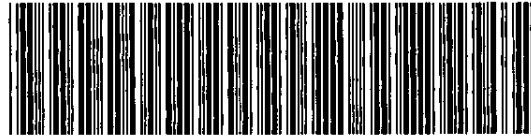
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 26 PM 3:08

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DOC LOCK GLOBAL, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA FAKIOLAS

Name of Person

FOX & FOX, P.A.

Firm/Company

2515 COUNTRYSIDE BLVD., STE G

Address

CLEARWATER, FL 33763

City/State and Zip Code

FOXANDFOXPA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA FAKIOLAS

Name of Person

at ( 727 )

796-4556

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2012

PAULA FAKIOLAS  
FOX & FOX PA  
2515 COUNTRYSIDE BLVD., STE. G  
CLEARWATER, FL 33763

SUBJECT: DOC LOCK GLOBAL, LLC  
Ref. Number: L12000088989

We have received your document for DOC LOCK GLOBAL, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Leslie Sellers  
Regulatory Specialist II

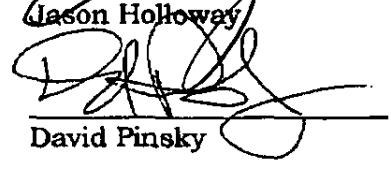
Letter Number: 012A00027967

**CONSENT IN LIEU OF MEETING  
FOR  
NEXCENTRI TECHNOLOGY, LLC**

The undersigned representing all the Members of Nexcentri Technology, LLC,  
hereby certify that the following actions were ratified and approved.

The Members acknowledge that the company is being voluntarily dissolved  
and hereby consent to the use of the name by DOC LOCK GLOBAL, LLC.

Dated this 31<sup>st</sup> day of October, 2012.

  
\_\_\_\_\_  
Jason Holloway  
\_\_\_\_\_  
David Pinsky

FILED

12 DEC 26 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DOC LOCK GLOBAL, LLC.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 9, 2012 and assigned  
Florida document number L12000088989.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NEXCENTRI TECHNOLOGIES, LLC.**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street*

*PS:*

\_\_\_\_\_, Florida

*City*

*Co*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                                    | <u>Type of Action</u>  |
|--------------|------------------|---|--|
| MGRM         | LISA J. HOLLOWAY | 7514 LAKE JOSEPHINE LANE<br>ODESSA, FLORIDA 33556 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | LISA J. HOLLOWAY | 7514 LAKE JOSEPHINE LANE<br>ODESSA, FLORIDA 33556 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 26, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LISA J. HOLLOWAY

\_\_\_\_\_  
Typed or printed name of signee